



# MALENY RANGERS

## BRISBANE ROAR HOLIDAY CLINIC



Get into this holiday's Brisbane Roar Holiday Clinic. Loads of fun with your friends and football team! Take a holiday with the **ROAR** and your mates... Get out of the house and have some fun ... Come and learn some skills with the **ROAR**... and play the best game in the world! **FOOTBALL!!!**

**The Holiday program includes:**

- ⚽ 5 HOURS OF COACHING FROM BRISBANE ROAR
- ⚽ MINI WORLD CUP TOURNAMENT
- ⚽ ROAR RAPID FIRE INFLATABLE FIELDS

**FOR ENQUIRIES CONTACT**  
**ROZANNE BURLEY Ph: 0448 136 986 or rap@brisbaneroar.com.au**  
**KATE BEARD Ph: 0439 735 585 or kdbeard@westnet.com.au**

**VENUE: MALENY RANGERS FOOTBALL CLUB, MALENY SHOWGROUNDS STANLEY RIVER ROAD, MALENY**

**DON'T FORGET TO BRING**

- YOUR OWN SOCCER BALL
- Snack/Lunch/Water Bottle
- Sunscreen/Hat
- Soccer Gear

**DATES:** MONDAY JULY 5<sup>TH</sup> FOR 6 – 10 YEARS  
TUESDAY JULY 6<sup>TH</sup> FOR 11 – 14 YEARS

**COST:** \$85 per child, 2 or more children from same family discounted. 2 kids \$160, 3 kids \$245

**TIMES:** 9 AM – 2 30PM (Lunch 11 30am – 12pm)

**Applications strictly LIMITED, book early**  
**MALENY RANGERS– JULY HOLIDAY CLINIC REGISTRATION**

All forms must be returned by **FRI 18 JUN:**  
Email: kdbeard@westnet.com.au  
Post: **Maleny Rangers**  
**PO Box 390, MALENY QLD 4552**  
Hand in: Old Magnolia Lane,  
next to Hardware

**Your Child's Details**

Full Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Medical Condition: YES / NO If YES, please indicate the condition: \_\_\_\_\_

**AGE OF CHILD:** \_\_\_\_\_

**PLEASE TICK**

MONDAY 5 <sup>TH</sup> OF JULY	_____	6 – 10 YEARS
TUESDAY 6 <sup>TH</sup> OF JULY	_____	11 – 14 YEARS

**Payment Details**

**Credit Card**

Card Type (Bankcard/Mastercard/Visa): \_\_\_\_\_ Card No: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Expiry Date: \_\_ / \_\_ Cardholder Name: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Cheque** (please make payable to Maleny Ranger FC) attach to this rego form Cheque No: \_\_\_\_\_ \$ \_\_\_\_\_

**Parent/Guardian Disclaimer**

*I certify that my child enrolled hereon is in excellent health and may participate in strenuous physical activities including soccer. I agree to defend and hold Brisbane Roar FC, its servants, agents and/or employees and contractors harmless from any and all claims for injuries that may be sustained by my child during his or her participation in the camp. Permission is hereby granted to Brisbane Roar FC to use pictures of the players in any promotional materials. Permission is granted for my child to receive emergency medical treatment, if needed, and I certify that there are no limits to my child's participation except as stated in writing and included with this application. \**

Parent/Guardian Name (please print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

\* The Parent/Guardian signing this form understands that personal accident insurance is their responsibility.