**GET ACTIVE SPORTS**

**MORLEY**

**SOCCER FOR JUNIORS**

Get your child introduced to the fun and excitement of soccer through our Soccer For Juniors program. Our program is specifically designed for children aged 3 to 8 trying the sport for the first time who will learn basic skills from experienced coaches. Our sessions are held indoors so aren’t affected by the weather and for the 3 and 4 year olds each child requires a parent helper each week.

Visit getactivesports.com.au for more information and other sports and locations.

**Where**

John Forrest Senior High School Gym, 180 Drake Street, Morley

**Starts**

Sunday the 31st of July

- 3 year olds - 9.00am to 9.45am
- 4 year olds - 9.45am to 10.30am
- 5 and 6 year olds - 10.30am to 11.15am
- 7 and 8 year olds - 11.15am to 12.00pm

**Cost**

$70 for 6 weekly sessions and a soccer ball for you to keep!

Places are limited so register early to avoid disappointment

To secure your place, you MUST register by one of the following methods:

- Email - rego@getactivesports.com.au OR
- Phone - 1300 772 106 OR Fax - 1300 672 823

When registering, please let us know the sport and location of your chosen clinic and your child’s name, date of birth and a contact phone number

Once registered bring the completed, signed consent form and payment to the first session.

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**MORLEY SOCCER FOR JUNIORS CONSENT FORM – TERM 3, 2011**

Name: .............................................................................  D.O.B: .....................................  Male  /  Female

School/Kindy: ...................................................................  Email:  .................................................................................

Phone (Home): ...................................................  Phone (Mobile): ............................................................................

Any relevant medical conditions/medication taken? ...........................................................................................

I acknowledge that I am required to stay with my child for the duration of each session and, if required, will administer any first aid. I hereby release Get Active Sports from any liability for injury incurred by my child at the Get Active Sports program.

Parent/Guardian Name: ..........................................................  Parent/Guardian Signature: ........................................................

Payment Method  Cheque / Credit Card / Cash

CREDIT CARD DETAILS  VISA / MASTERCARD

No: _______/_______/_______/______  Expiry Date: _____/_______

Cardholders Name:...........................................................................................................................

Signature: ...........................................................................................................................................Amount: $ ....................................

Please have correct money, make your cheque payable to Get Active Sports or complete card details above