

# 2007 JANUARY PLAYERS CAMP

22<sup>nd</sup> – 25<sup>th</sup> January 2007

Specialist coaching catering for all skill levels of players 12 to 17

#### All players receive: -

- Top class coaching and instruction from NSWRL Development Staff, guest coaches and the opportunity to meet current NRL players (subject to availability).
- Dormitory room accommodation with dining, recreation, video, seminar rooms and use of all the Academy's facilities; pool, ropes course and canoeing.
- All meals
- 3 nights accommodation, a football, 3 training shirts, 1 pair of shorts, a Cap, a Water bottle, a Camp Photo, Individual Skill Assessment and a Certificate of Attendance

The Camp is \$395.00. There are no additional costs and the three-day camp provides the players with an invaluable Rugby League experience they will always remember. Throughout the duration of the camp, players will follow a carefully balanced program designed to promote skill development, sportsmanship, fun and enjoyment. All players are fully supervised throughout the duration of the camp by trained NSWRL Staff and Academy of Sport Staff.

### **Discount Rates for Participants:**

Clubs or Schools with 5 – 9 participants are \$385.00 per player. Clubs or Schools with 10 or more participants are \$380.00 per player.

#### Location:

Sydney Academy of Sport, Wakehurst Parkway, Narrabeen.

#### **Cancellations:**

If cancellation prior to 22<sup>nd</sup> December 2006, a full refund will be given. After the 22<sup>nd</sup> December 2006, a cancellation fee of \$40 will be charged.

#### For further information, contact:

Rugby League Academy PO BOX 533, Narrabeen NSW 2101 Ph: 02 9971 0877 Fax: 02 9971 0977

Email: academy@nswrlacademy.com.au



## **APPLICATION FORM**

Date of Birth:		Age at 1 <sup>st</sup> Jan 2007:					
Address:					Postco	de:	
Phone (H):							
Junior League (	Clu <u>b:</u>						
T-Shirt size: Short size:	Small □ 12 □	Medium □ 14 □	18 🗆	Large D		X Large □ 22 □ 24 □	
	r applicants is 22 <sup>nd</sup> I d to book early to			will be al	located	on a first receive basis.	
	\$ is enclos eque, please make o		League	and stapl	e to the	back of this application fo	rm.
Ph: (h)	tact: Given Name:	(w)		Rela	ationship	p:	
<b>Health Care D</b> Private Health I	etails: Medicar	e No: ————		Fund:			
	l Problems:						
C							
Past History:	Have you had?  Yes □ No □  Yes □ No □  Yes □ No □	Hepatitis A	Yes □ Yes □	No □ No □	Hepatit	tis B Yes □ No □ a / Bronchitis Yes □ No	l
A Dislocation Do you suffer fr	e last 3 years? Yes  com? Recurring page	No □ If yes, wain in any joint wi	here?			No 🗆	-
Have you ever l	been treated for Hed	ad, Neck or Spinal				Rugby League? Yes	-
							No E
	Camp Directors to					_	ı
						e's Code of Conduct while ot of completed application	
I declare that t	he above informat	ion is a true and	correct 1	ecord as	at the o	date below:-	
Signed: (Player	r)			Date: _			
Parent / Guard	lian ————						
Signature					Dotos		