Access For All Abilities

Aussie Hoops "Access For all Abilities" is an introductory basketball program for children with special needs aged from 5-12 years. The program introduces participants to a number of important coordination skills, motor skills and social skills. The program is a term based program lasting 10 weeks. Each session lasts 45 minutes and is conducted with a qualified instructor/coach. Sessions are designed to lead into the next so participants learn and progress through various skill development stages. All new enrolments receive Aussie Hoops Basketball gift Pack.

WHEN:	Thursdays throughout term 2 2012 - 5:05pm to 5:50pm **First week - Free come try session** **Program Commences Thursday 19th April 2012** **Registration Closes Monday 16th April 2012** **Please call 92984487 to register for free come and try session**
WHERE:	Maroondah Indoor Sports Centre 362 - 378 Canterbury Rd, Ringwood - Opposite Cadburys
COST:	$68 New - Enrolments (Includes Aussie Hoops Pack) $53 Re - Enrolments
Return registration to:	**Maroondah Indoor Sports Centre** **C/O Beau Stokes** **PO BOX 156, Ringwood, 3134**

FREE COME TRY SESSION THURSDAY 19th APRIL 2012 – WEEK (1)

NAME:_____

ADDRESS:_____

P/CODE:_____ AGE:_____ GENDER: M / F

WHAT SCHOOL DO YOU ATTEND_____

DO YOU TAKE ANY PRESCRIBED DRUGS, OR HAVE A MEDICAL CONDITION WE SHOULD BE AWARE OF? YES / NO

PLEASE SPECIFY?_____

"To the extent permitted by law, I understand that I enroll my child in this program entirely at my own risk and I agree to hold harmless and indemnify each of Maroondah City Council its staff agents (collectively "Council") from and against all claims, demands, actions, costs and damages which I or any other person or party may have against Council or any of them arising out of or in any way connected to my or my child's attendance at the program. I have noted, accurately to the best of my memory, my child known medical conditions and medications which may be relevant to my child's participation in the program or which may be relevant to the rendering of emergency medical treatment. I authorise Council to obtain, such medical assistance and treatment as Council may deem necessary, if, in Council view, there is a medical emergency in relation to my child and I agree to reimburse Council all costs and losses it incurs in relation to obtaining medical treatment for my child."

PHONE NUMBER:_____ WORK/MOBILE:_____

PARENT/GUARDIAN NAME:_____ SIGNATURE_____

OFFICE USE ONLY DATE:_____ PAID: YES / NO

Maroondah Indoor Sports Centre proudly supporting:
Access for All Abilities.
For Further information please go to www.maroondahleisure.com.au