





2017 TALENT SQUAD CAMP Thursday 19th – Friday 20th January



BRENTWOOD

You are invited to attend our first training sessions for the 2017 competition year which will be held in the form of a 2 day 'camp' at Squashworld Brentwood (Disney St, Brentwood) on Thursday, 19^{th} – Friday 20^{th} of January, with a tournament following on the 21^{st} – 22^{nd} January, also at Squashworld Brentwood . Participants will participate in a range of on and off court training to start the 2017 squash season. Qualified Development Coaches will carry out a number of evaluations and assessments on all participants. Participants from outside the metropolitan area will need to provide their own accommodation and all players will be required to supply their own meals/drinks however, lunch will be provided for the camp. Activities will commence at **9.00am** each day and will conclude at **4.00pm** each day allowing plenty of time to undertake other social and tourist activities. Please arrive at 8:45am each day.

PLEASE NOTE: Full payment is required with registration – an application will not be accepted without payment. These forms must be submitted no later than 6th January 2017.

2017 CAMP REGISTRATION FEE				
I am interested in attending	9 – 16 year olds			
COST:	\$90.00 (includes entry fee for one division in the Karakal Kup on 21-22 January at same venue)			

Part of the camp schedule is a two day tournament Karakal Kup at: Squashworld Brentwood on $21^{st} - 22^{nd}$ January 2017. **Entry fee to tournament is included in camp registration**; please complete an entry form if you are able to attend the tournament as well as this document.

Please indicate if you require racquet & eyewear Yes / No

Payment Method: Cheque Money Order Direct Deposit Please make Cheques/Money Orders payable to: 'WA Squash – Junior Camp'				
Card Number:				
Cardholder's Name (print):				
Total Payable: \$ Expiry Date:				
Cardholder's Signature:				
I wish to make payment of \$ for the Camp.				
DIRECT DEPOSIT Bank of Western Australia Ltd CURTIN CSC BSB: 306 065 Account No: 538 842 9 Please include the name of your child when direct depositing.				

Forward both completed Camp forms (plus Karakal Kup entry form if you intend to enter) to:

WA Squash
PO BOX 6010
East Perth,
WESTERN AUSTRALIA 6892

2017 TALENT SQUAD PROGRAM CAMP ATTENDANCE / PARENTAL PERMISSION / MEDICAL FORM

Annual Training Camp at the Terr	ace squash centre.		
Please bring a hat, running sho	es and a water bottle each	day along	with your squash gear.
Signature of Player:	Signature	ature of Parent:	
Name:		D.O.B:	
Address:		P/Code:	
Phone:		Mobile:	
Email:	Club:		
Coach:		Rating Level:	
Family Doctor's Name and Clir	nic:		
Address:			
	Postcode:		
Telephone:			
Medical/Hospital Insurance Fund:			
Ambulance Service:			
Please indicate (Tick√ or Cros	ss ×)) if your son/daughte	r suffers o	r wears:
Asthma	Migraine		Allergies *
	Sleep Walking		Drug Allergy *
Diabetes	Travel Sickness		Food Allergy *
Ear Disorder	Contact Lenses		Glue/Tape Allergy *
Epileptic Fits	Dental Plate		Insect Bites/Stings *
Fainting	Braces		Penicillin Allergy
Heart Condition	Loose Teeth		
* Please Specify Conditions/Alle	raipe.		
Is specific care recommended?			
Tetanus Immunisation / Booste			
Medical Name/Type, Dosage:			
(To be handed to Head Coad	ch with instructions prior t	o commen	cing training)
authorise the Head Coach of the deemed necessary for my son/dagree to pay all medical and/or de Signature of player or parent/guar	aughter if it is impractical fontal expenses incurred.	ical or surg or prior con	•
rigilatore or player or parentygual			