



PHIL MUNDAY'S
PANEL WORKS

KILSYTH

COBRAS
BASKETBALL

2009 BASKETBALL SKILLS DEVELOPMENT SESSIONS

Details

Who: All current Junior Domestic, After School Basketball and Kilsyth Cobras players are encouraged to attend all four sessions.

When: Under 10 & 12 Boys and Under 14, 16 & 18 Boys and Girls
Tuesday 25 August and 1, 8, 15 September 2009
Venue: Oxley College

Under 10 & 12 Girls
Saturday 29 August and 5, 12, 19 September 2009
Venue: Croydon Leisure Centre

Cost: \$20 inc. GST

Registration forms available from Kilsyth, Lilydale and Oxley Stadiums and the website

REGISTER NOW

Enquires: Clare Wilcock
Kilsyth Basketball Phone: 03 97281033
clare.wilcock@kilsythbasketball.com.au
www.cobras.net.au



AGE GROUPS

UNDER 10	BORN 2001 – 2002
UNDER 12	BORN 1999 – 2000
UNDER 14	BORN 1997 – 1998
UNDER 16	BORN 1995 – 1996
UNDER 18	BORN 1993 – 1994

SESSION INFORMATION

UNDER 10 & 12 BOYS, UNDER 14, 16 & 18 BOYS & GIRLS OXLEY COLLEGE

15 – 49 Old Melbourne Road, Chirnside Park

TUESDAY 25 AUGUST & 1, 8, 15 SEPTEMBER 2009

UNDER 14 GIRLS	4.30 pm – 5.30 pm
UNDER 12 BOYS	5.30 pm – 6.30 pm
UNDER 14 BOYS	6.30 pm – 7.30 pm
UNDER 16 & 18 GIRLS	7.30 pm – 8.30 pm
UNDER 16 & 18 BOYS	8.30 pm – 9.30 pm

UNDER 10 & 12 GIRLS CROYDON LEISURE CENTRE

11 Civic Square, Croydon

SATURDAY 29 AUGUST & 5, 12, 19 SEPTEMBER 2009

UNDER 10 & 12 GIRLS	1.00 pm – 2.00 pm
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All players attending the Basketball Skills Development Sessions are required to bring a drink bottle, correct size basketball, shorts, reversible singlet or a t-shirt.

NO Cobra, Domestic or After School Basketball team uniforms to be worn.

COST

\$20.00 INCL G.S.T.

To avoid delays on the first session pre register by sending registration form, signed emergency permission forms and payment to:

**Kilsyth Cobras
Skills Development Sessions
P.O. Box 106
Kilsyth 3137**



PLAYER REGISTRATION FORM SKILLS CAMP 2009

Player Name _____ D.O.B. _____

Address _____

_____ Post Code _____

Best Contact Number _____

Cobra Team 2009 _____

Domestic Club _____

After School Team _____

Association if not K&MDBA _____

Permission to train form YES NO

(A current permission to train form is required if you are from another association & you intend to participate in the Kilsyth Cobras Basketball Skills Development Sessions)

Mother/Guardian Name _____

Best Contact Number _____

Father/Guardian Name _____

Best Contact Number _____

Family Email Address _____

EMERGENCY AND PERMISSION FORM

I hereby give permission for my child (name) _____
to attend the Basketball Skills Development Sessions and I authorize the staff of
the sessions to act for me according to their best judgment in an emergency
requiring medical attention. I hereby waive and release the program from any
illness or injury incurred while at the Basketball Skills Development Sessions.

I also understand that the Basketball Skills Development Sessions retains the right
to use for publicity and advertising purposes, photographic or video footage taken
of players at the Basketball Skills Development Sessions.

Parent/Guardian _____ Date _____

BASKETBALL SKILLS DEVELOPMENT SESSION PAYMENT

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Card Number

Expiry Date

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Visa

Master Card

Card Holder's Signature _____

Payment For: "Basketball Skills Development Sessions"