

**JULY HOLIDAYS 2010**



# BRENT LIVERMORE HOCKEY DEVELOPMENT CLINICS



**LIVE LIFE!**  
"Life is what you  
make of it.  
Follow your dreams  
anything is  
possible!"

**Bond  
University  
Students  
\$45 (SAM  
Discount  
\$30**

**\$45 per  
person OR  
\$70 per  
sibling pair**

**Cost is for  
Both  
Sessions for  
the Two  
Days**

## PROFESSIONAL HOCKEY DEVELOPMENT CLINICS.....

**Performance Driven Development Clinics to improve and get your game in gear for 2010. Now is the time, leap start your preseason and be ready to take your game and knowledge of hockey to next level....**

**When:**

Thursday 8th July -  
9am - 11am : Beginners and Club  
Players.  
11.30 - 1.30pm: Bond Students with  
BBQ Lunch  
2pm - 4pm: Representative Player  
Dev.

Friday 9th July -  
Repeat of Thursday

**Where:**

LABRADOR HOCKEY CLUB.  
Rego at the email address  
mentioned on this flyer..

Parents and Coaches are  
urged to come along and be  
a part of the Program to  
Listen and Learn.

Contact Registration: Text Name  
and Confirmation to 0413083447  
OR contact me via email  
brentlivers25@gmail.com. Rego  
Closes **1st July 2010**



BRENT LIVERMORE OAM  
[www.brentlivermore.com](http://www.brentlivermore.com)  
318 International Caps  
Olympic Gold - Athens 2004  
2 x Olympian  
3 x Commonwealth Games Gold

**Performance Driven Development Camps to improve and get your game in gear for 2010.**

Committed to providing the best coaching programs and elite up to the minute knowledge base.

The clinic environment is for everyone who wants to improve and develop on a stage that is set for all participants to improve their base skills, develop new innovative skills along with the understanding of the key concepts of the game.



Come along and  
enjoy Hockey.  
See you there!!

**BRENT LIVERMORE CLINICS 2010**

## REGISTRATION:

NAME:	SURNAME:	EMAIL:
ADDRESS:	SUBURB:	STATE:
PARENT NAME:	PARENT CONTACT NUMBER:	MALE/ FEMALE
DATE OF BIRTH:	PLAYING LEVEL:	YEARS PLAYING:

### MEDICAL CLEARANCE

IN AN EMERGENCY I HEREBY GIVE PERMISSION FOR MY CHILD TO BE EXAMINED AND TREATED BY A LICENSED PHYSICIAN. IF NECESSARY, PERMISSION IS ALSO GRANTED FOR HOSPITALISATION, TO SECURE PROPER TREATMENT FOR MY CHILD IN AN EMERGENCY. I ALSO GIVE COACHING STAFF PERMISSION TO ADVISE THE HOSPITAL OF OUR INSURANCE INFO. AT THE TIME OF TREATMENT. THIS PERMISSION ALSO INCLUDES THE AUTHORIZATION TO ADMINISTER A PRESCRIBED MEDICATION

EMERGENCY CONTACT:	RELATIONSHIP:
CONTACT NUMBER:	ALERGIES/ INFO: