

NEPTUNES U11's & BEGINNERS Waterpolo by NIKI LANZON



- Autumn 2016 -
Being held at NEPTUNES Heated Pool

The Autumn program for **Under 11's & beginners** will commence on **Tuesday 4th October** and will finish on **Thursday 15th December**. This program will be held at the Neptunes heated swimming pool at Neptunes WPSC, St. Julians.

TIME TABLE

Tuesdays from 4.30pm to 5.30pm
Thursdays from 4.30pm to 5.30pm

Saturdays from 11am to 12.30pm

FEE FOR THE MONTH is €60
or
FEE FOR THE TERM (discounted) is €170

5% Discount from the above fees is allowed for siblings.

REGISTRATION DATES:

TUESDAY 27th SEP at Neptunes **6.30pm-7.30pm**
THURSDAY 29th SEP at Neptunes **6.30pm-7.30pm**
SATURDAY 1st OCT at Neptunes **11am-Noon**

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NEPTUNES U11's & Beginners Wpolo SCHOOL Autumn 2016

REGISTRATION FORM (write in Block Letters please)

Name and Surname (Player): _____

Address: _____

Post Code: _____

Telephone No. _____ Date of Birth: _____ Boy / Girl _____

Mobile (Mother) _____ Mobile (Father) _____

E-Mail: _____
Clearly please

Applying to attend Lessons: _____ on the following days and time: _____

Allergies/Medication Reactions etc. _____

Paid Cash / Chq.no _____ Amount: Euro _____ Receipt No. _____ (for Office Use)
(Please make cheques payable to Neptunes WPSC)

Declaration

I, as parent/guardian of the above participant, accept that Neptunes WPSC, swimming school organisers, coaches and officials, sponsors, other competitors and associates, are not liable for any loss, damage, injury, death, claim or expenses which might arise during or as a consequence of his/her participation in the waterpolo school or any other event organised by the club. The participant is in good health and will be participating at his own risk. I also give my permission for the child to receive first aid in case of emergency, even if I cannot be contacted immediately by phone. I agree to the declaration being accepted for all activities and events organised by Neptunes WPSC that I may enter at a later date.

I grant permission to publish photos and indicate names of my child in Neptunes WPSC publications.

I GRANT CONSENT _____ I REFUSE CONSENT _____

Neptunes WPSC collects personal information for the use of confirming our client program details such as communicating time-tables and information about activities of the club.

Signed (Parent/Guardian) _____ Date: _____ 2016

NAME (of Parent/Guardian) IN BLOCK LETTERS _____