

# SHANE RUFER

## SCHOOL OF FOOTBALL

### AFTER SCHOOL TERM 4 SUMMER FOOTBALL 2008

Monday 13th October to Friday 19 th December

3.30 – 4.30 pm 5 – 7 year olds

4.30 – 5.30 pm 8 – 10 year olds

5.30 – 6.45 pm 11 – 14 year olds

Venue: Palmerston North Intermediate Normal School, vehicle access South Street,

Fees: \$100 per term for one lesson a week  
For more lessons or family rates, please contact Shane.

Bring: Playing gear, own ball, boots, trainers (clear soled footwear only), shin pads, drink, snack and change of clothes.

Note: Please specify your preferred tuition days on the enrolment form below.

ENROLMENTS TO: Shane Rufer Soccer Ltd, 35 Batt St, Palmerston North 4410  
or phone: 021-622 101 or email [shane.rufer@inspire.net.nz](mailto:shane.rufer@inspire.net.nz)

#### TERM 4 2008 ENROLMENT FORM

SURNAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MALE/FEMALE

PARENT/GUARDIAN NAME/S: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

CLUB: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

PREFERRED TUITION DAY(S): \_\_\_\_\_

I AGREE TO THE CONDITIONS BELOW. SIGNED: \_\_\_\_\_ PARENT/GUARDIAN

#### WAIVER OF LIABILITY

I GIVE PERMISSION FOR MY CHILD TO ATTEND THE SHANE RUFER SCHOOL OF FOOTBALL AND FOR THE COACHING STAFF TO ACT FOR ME IN AN EMERGENCY. I HEREBY WAIVE AND RELEASE ALL COACHES AND STAFF FROM ANY LIABILITY FOR INJURIES SUSTAINED TO MY CHILD DURING THEIR ATTENDANCE AT THE COACHING CLINIC. I ACCEPT FULL RESPONSIBILITY FOR ANY MEDICAL BILLS AND ASSOCIATED EXPENSES INCURRED IN THE EVENT OF ACCIDENT OR ILLNESS SUSTAINED DURING THE COURSE OF THE COACHING CLINIC. SHANE RUFER SCHOOL OF FOOTBALL RESERVES THE RIGHT TO MODIFY THE PROGRAMME AS IT DEEMS NECESSARY FOR THE BENEFIT OF ALL PARTICIPANTS. SHANE RUFER SCHOOL OF FOOTBALL RESERVES THE RIGHT TO CANCEL CLINICS DUE TO INSUFFICIENT NUMBERS.