



Dear Parent/Guardian

Aztecs Junior Development Academy for Volleyball – Development Squad 2016

I am pleased to inform you that your child has been selected to participate in the Aztecs Junior Volleyball Academy Squad in partnership with Lurgan Junior High School.

Your child has been identified as having the necessary skill set required to play high-level volleyball, and through the training programme we aim to develop further their techniques and abilities and in doing so allow them to realize their potential.

The ‘Aztecs Junior Development Academy’ will be the first School Of Sport for Under 14s. This opportunity will develop further when your child transfers to Lurgan College and Craigavon Senior High School where they will then join in the Under 16 Academy which will support the development of skills for GCSE PE.

**Where? Lurgan Junior High School (SPORTS HALL)
When? 3.30-4.30 p.m. EVERY WEDNESDAY.**

The delivery of the Development Squad & elements of the programme incurs costs upon the club. We therefore have to charge participants to take part in this section of the programme.

The cost per child is **£6.00 for 6 weeks registration fee.**

Parents / guardians are also requested to sign the attached consent form.

If you have any queries regarding the above, please do not hesitate to contact me.

Yours sincerely

Paul McIlwaine
Head of Aztecs Development
coach
07808395530

Amy Wethers
Aztecs Ladies
07596752212

“Our aim is not to create a champion but create a situation in which champions become inevitable.”

Volleyball Talent Academy 2016

NAME OF PARTICIPANT:
ADDRESS :.....
.....
POSTCODE :
DOB:.....
E MAIL:.....
TELEPHONE NUMBER:.....

1. I consent to my son/ daughter taking part in the above volleyball event.
2. I have been aware of the nature of the activities to be undertaken and I understand that every reasonable care will be taken. My son/daughter is in good health and I consider her capable of taking part. In the case of accident or illness I consent to any emergency medical treatment, which may include anaesthetics. I understand that every possible effort will be made to contact me first.
3. I have attached on a separate sheet details of any complaints from which my daughter suffers. Please enclose details of any special diet or medication required.
4. I understand that Aztecs Volleyball nor their servants, agents or employees are under any liability whatsoever in respect of personal injury, loss or damage, arising whilst in attendance at the above event.
5. I consent to my son/daughter's photo to be taken for the local press and Aztecs website.

Signed: Date:
Parent/guardian

Emergency contact Tel No

NATIONAL HEALTH SERVICES CARD NO:

Family doctor's name.....
Address
.....
Tel No

TO REGISTER PLEASE RETURN FORMS AND PAYMENT TO
Paul McIlwaine
46 Plantation Road,
Portadown , BT63 5NH
Cheques Made Payable to Aztecs Volleyball Club

