



Department of  
Local Government, Sport  
and Cultural Industries



# 2019 WA JUNIOR SQUASH CAMP

## Thursday 24<sup>th</sup> & Friday 25<sup>th</sup> January

You are invited to attend our first training sessions for the 2019 competition year which will be held in the form of a 2 day 'camp' at Squashworld Brentwood (Disney St, Brentwood) on Thursday 24<sup>th</sup> - Friday 25<sup>th</sup> of January, with a tournament following on the 26<sup>th</sup> - 27<sup>th</sup> of January, also at Squashworld Brentwood . Participants will participate in a range of on court training to start the 2019 squash season. Qualified Development Coaches will carry out a number of evaluations and assessments on all participants. Participants from outside the metropolitan area will need to provide their own accommodation and all players will be required to supply their own meals/drinks however, lunch will be provided for the two camp days. Activities will commence at **9.00am** and will conclude at **3.00pm** allowing plenty of time to undertake other social and tourist activities. Please arrive at 8:45am on Thursday.



**PLEASE NOTE:** Full payment is required with registration – an application will not be accepted without payment. These forms must be submitted no later than **11<sup>th</sup> January 2019**.

2019 CAMP REGISTRATION FEE	
I am interested in attending	<input type="checkbox"/> <b>AGES 10 – 15 year olds</b>
<b>COST:</b>	<b>\$100.00 (includes entry fee for one division in the New Year's Bash on 26-27 January at same venue)</b>

A two day junior tournament (New Year's Bash) will also be held at Squashworld Brentwood following the Camp on 26<sup>th</sup>-27<sup>st</sup> January 2019. In addition to this form you will need to complete a tournament entry form if you are also entering the tournament. **Entry fee to one Division of the tournament is included with camp registration.** It will be necessary to pay an additional \$10.00 if you are entering a second Division at the New Year's Bash. Please note that a senior tournament (West Coast Open) will be held at Squashworld Brentwood on the same weekend commencing on the evening of Friday 25<sup>th</sup> January 2019.

<b>Payment Method:</b> Cheque   Money Order   Direct Deposit Please make Cheques/Money Orders payable to: <b>'WA Squash – Junior Camp'</b>		
Card Number: _____   _____   _____   _____		
Cardholder's Name (print): .....		
Total Payable: \$..... Expiry Date: ____   ____		
Cardholder's Signature: .....		
I wish to make payment of \$ _____ for the Camp.		
<b>DIRECT DEPOSIT</b>		
Bank of Western Australia Ltd CURTIN CSC	<b>BSB: 306 065</b>	<b>Account No: 538 842 9</b>
<b>Please include the name of your child when direct depositing.</b>		

**Forward completed Camp form  
(plus New Year's Bash entry form if you intend to enter)**

**to:**  
WA Squash  
PO BOX 6010  
East Perth  
WESTERN AUSTRALIA 6892

**PLEASE TURN OVER AND ALSO  
COMPLETE ATTENDANCE FORM**

## 2019 TALENT DEVELOPMENT CAMP ATTENDANCE / PARENTAL PERMISSION / MEDICAL FORM

\_\_\_\_\_ WILL be participating in the 2019 Training Camp  
at the Squashworld Brentwood.

**Please bring a towel and a water bottle each day along with your squash gear.**

**Signature of Player:** \_\_\_\_\_ **Signature of Parent:** \_\_\_\_\_

Name:	D.O.B:	
Address:	P/Code:	
Phone:	Mobile:	
Email:	Club:	
Coach:	Rating Level:	

**Family Doctor's Name and Clinic:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Medicare No:** \_\_\_\_\_

**Medical/Hospital Insurance Fund:** \_\_\_\_\_ **No:** \_\_\_\_\_

**Ambulance Service:** \_\_\_\_\_ **No:** \_\_\_\_\_

**Please indicate (Tick ✓ or Cross ✗) if your son/daughter suffers or wears:**

	Asthma		Migraine		Allergies *
	Diabetes		Sleep Walking		Drug Allergy *
	Ear Disorder		Travel Sickness		Food Allergy *
	Epileptic Fits		Contact Lenses		Glue/Tape Allergy *
	Fainting		Dental Plate		Insect Bites/Stings *
	Heart Condition		Braces		Penicillin Allergy
			Loose Teeth		

\* Please Specify Conditions/Allergies: \_\_\_\_\_

Is specific care recommended? \_\_\_\_\_ If YES, Refer attached: \_\_\_\_\_

Tetanus Immunisation / Booster Date \_\_\_\_\_

Medical Name/Type, Dosage: \_\_\_\_\_

**(To be handed to Head Coach with instructions prior to commencing training)**

### CONSENT TO MEDICAL ATTENTION

I authorise the Head Coach of this Camp to consent to medical or surgical treatment as may be deemed necessary for my son/daughter if it is impractical for prior communication with me and agree to pay all medical and/or dental expenses incurred.

Signature of player or parent/guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE ENSURE THAT YOU COMPLETE THE PAYMENT INFORMATION**