



## FREE Summer Series Coaching Clinics General Information

Coaching Clinics will be held at the following Little Athletics Centres:

<b>Beenleigh:</b>	25 <sup>th</sup> - 26 <sup>th</sup> September	<b>Runaway Bay:</b>	11 <sup>th</sup> - 12 <sup>th</sup> October
<b>Bundaberg:</b>	28 <sup>th</sup> - 29 <sup>th</sup> September	<b>Glasshouse:</b>	18 <sup>th</sup> - 19 <sup>th</sup> October
<b>Forest Lake:</b>	2 <sup>nd</sup> - 3 <sup>rd</sup> October	<b>Nambour:</b>	25 <sup>th</sup> - 26 <sup>th</sup> October

- **U9 - U11** athletes: 9am – 12pm both days  
All athletes will participate in rotational based coaching which will cover running, jumping and throwing events
- **U12 - U17** athletes: 12.30pm – 3.30pm both days  
All athletes will be coached in two events of their choice

### What You Will Need To Bring

Sun safe clothing (no crop tops or singlets)  
Appropriate footwear  
Hat  
Water bottle  
Sunscreen

**For More Information please contact the LAQ Office**

Little Athletics Queensland  
PO Box 6037, Fairfield Gardens, QLD 4103  
**Phone:** 3255 9436 or 1300 559 436  
**Email:** [info@laq.org.au](mailto:info@laq.org.au) **Website:** [www.laq.org.au](http://www.laq.org.au)



## FREE Summer Series Coaching Clinics

Name: \_\_\_\_\_ Gender: M F (please circle) Age Group: U\_\_

Centre: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Clinic Location: \_\_\_\_\_

Please tick 1 event for both session 1 and 2

*\*All athletes will participate in a sprints session as a part of their dynamic warm up*

Session 1		Session 2	
Hurdles		Hurdles	
Shot Put / Discus		Javelin	
Long Jump / Triple Jump		Long Jump / Triple Jump	
High Jump Scissors		High Jump Scissors	
High Jump Flop - Beginner		High Jump Flop	

## Medical and Emergency Information

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Does your child have any medical conditions or allergies? Yes No (please circle)

If yes, please list the condition, or allergy, any medication required, frequency and dosage below:

\_\_\_\_\_  
\_\_\_\_\_

By signing this form:

- Should an accident occur, you authorise clinic staff to administer medical assistance which they deem necessary, and agree to pay all medical expenses incurred on behalf of the child.
- You agree LAQ, its employees or clinic staff cannot be held responsible for any illness, accident, loss of property and/or wages, which may occur.

Parent Signature: \_\_\_\_\_

**Registration must be received no later than 1 week prior to start date of clinic**

Please send to [info@laq.org.au](mailto:info@laq.org.au) or PO Box 6037 Fairfield Gardens QLD 4103