



## FLIPPA BALL ENROLMENT FORM TERM 4 2019



## Enrolments for Flippa Ball Term 4 is open from Wednesday 4th of September 2019 & closes on Friday 27th of September 2019

Flippa Ball is a modified version of Water Polo. It is aimed for children aged between 7 -11 years of age wanting to get into the world of Water Polo or improve their swimming & fitness abilities. It is a fun game that all children can enjoy regardless of their height, gender & most importantly swimming ability.

Flippa Ball Term Four will entail Flippa Ball Teams that compete socially with one another. Teams will be created by Stadium 2000 aiming to have an even spread of different swimming capabilities in each team. Ages will range from 7 years old to 11 years old. There will be an information pack sent out which will include more refined details of what we have in store for Term 4.

Flippa Ball Term 4 Information Highlights							
Game Day	Wednesdays Starting 23rd of October 2019 (Week 2 of school term) Finishing 11th December 2019						
Times	First Game Starting 5:15pm Second Game Starting 5:45pm (Teams will be alternating times each week)						
Costs	\$48.00 per participant						
Pool & Depth	Programmes Pool (Ranges from 1.05m - 1.4 m)						
Equipment	Stadium 2000 will supply player's caps, game ball & referees						
Venue	Stadium 2000 Aquatic Centre						



## INDIVIDUAL ENROLMENT TERM 4

Players Name										
Address										
Contact Phone Number										
Email Address										
School										
Gender	Male		Female	1	Age (from 23rd Octo		ober 19)			
Emergency Contact Name										
Best Number to Contact										
Relationship to Participant										
Pre-Existing Medical Conditions										
Players Skill Level (please tick)		В	eginner (First time playing)	Moderate (Have played b		efore)				
Payment of \$48.00 per participant							Please tick			
I intend to pay via internet banking (03-0599-0402881-00)										
I intend to pay cash or eftpos at reception in Stadium 2000										
I authorise the use of the above information in the event of an emergency. I consent to any necessary medical treatment										
Parent/Legal Guardian Full Name			Signature Below			Date Sig	Date Signed			

Return me to Stadium 2000 reception or send via email to waterpolo@stadium2000.co.nz