**Individual Enrolment for a Flippa Ball Team**

Stadium 2000 will endeavour to make teams for those individuals interested in Flippa Ball currently not with a group of players/school team.

Please complete the form and return to: Stadium 2000, Kinross St or email [waterpolo@stadium2000.co.nz](mailto:waterpolo@stadium2000.co.nz)

**FLIPPA BALL LEAGUE TERM 1 2018**

**DAY:** Wednesday February 21st – Wednesday 11th April (excluding public holidays)

**TIME:** 5pm, 5.30pm, 6.00pm, (last game finishes at 6.30pm)

**COSTS:** $48 per player per Term. (INCLUDES Monday night training 5.00 – 5.45pm excl public holidays)

**$48 per player will be expected if we are successful at making a team.**

**Please complete the form below and return with payment for now.**

**POOL DEPTH:** 1-1.7 metres (shallow and deep grades), 2 metres (2m grade)

**VENUE:** Stadium 2000 Programme Pool shallow/deep grades (29 degrees), Sport Pool 2m grade (27.5 degrees)

**LENGTH OF GAMES: (running clock)**

**Shallow Grade:** Skills and drills for 10 minutes weeks 1-4 then 2 x 6 minute halves.

Weeks 5-10 2 x 12 minute halves

**Deep Grade:** Skills and drills for 10 minutes weeks 1-4 then 2 x 6 minute halves.

Weeks 5-10 2 x 12 minute halves

**2m Grade**: 4 x 5 minute quarters (2m)

**PLAYERS PER TEAM:**

Shallow and Deep Grades: Five in the pool at any one time (4 plus a goalie), with up to 3 sub players.

2m Grade: Six in the pool at any one time (5 plus a goalie), with up to 3 sub players.

**AGE GROUP:**

Shallow/Deep Grade: 8 up to and including 11year olds (age as at first day of competition)

2m Grade: Up to and including 13 years (as at first day of the competition)

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| **Flippa Ball Player Detail** | | | | |
| **Full Name** |  | | | |
| **Address** |  | | | |
| **Phone** |  | | | |
| **Team** |  | | | |
| **Cell** |  | | **DOB** |  |
| **Email** |  | | | |
| **Grade** | Shallow / Deep / 2m (we will try to put you in requested grade where possible) | | | |
| **Pre Existing Medical Conditions** | | | | |
| **Emergency Contact**  **Full Name** | |  | | |
| **Relationship to participant** | |  | | |
| ***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** | |  | | |
| **Date** | |  | | |