Pro Cricket Academies

Queens Park High School Venue: Day: Tuesday Grp 1 - 5.15 - 6.15pm Times: U.11's & U.12's (Max 30 players) Grp 2 - 6.15 - 7.30pm U.12's - u 15's (Max 15 boys) Grp 2 - 6.15 - 7.30pm Women's & Girls (Max 15 players) Grp 3 - 7.30 - 8.45pm Men's & Elite Boys & Girls group (Grp 3 This group is invite only. Should you or your child want to attend please contact me). 9th January - 26th March 2024 **Dates:** Cost: £10 per session Grp1 Video analysis £12 per session Grp 2 & 3 (Men's & Elite Boys & Girls group) For more information contact: Brad Donelan 07757-553-656 or Power Hitting E-mail - procricketacademies@gmail.com Academies Website - www.procricketacademies.com Pro Cricket Academies has been set-up by Brad Donelan a Lancashire Scout, an ECB Level 3 coach, a former professional cricketer with Sussex & Somerset CCC. He has also been Head Coach at Loughborough University coaching both the men's & women's to BUSA Championships. Currently Club and 1st Team Coach at Neston Cricket Club. This year sessions will involve: One/Two bowling machines in operation & video camera used to capture the players footage. One skill based net working on various techniques of the game. Two live nets in operation Only 30 players in each group. *(Please book early to avoid disappointment) Video analysis used to help develop players. Identifying strengths & weaknesses. The program put together will develop the players all round game with time on the bowling machine and in the live nets, and will include specialist sessions like Power Hitting, fielding & indoor matches. Pro Cricket Academies APPLICATION FORM QPHS 9th Jan - 26th March 2024 2 Brad Donelan, 8 Bendee Ave, Little Neston, Wirral, CH64 9QY (07757-553-656) To be sent to: Child's/ Adults Forename: DOB: Age: Address: Present Club: Present school: Postcode: Mobile: Tel Home: E-mail: 9th Jan - 26th March 2024: (11 sessions): (No session Feb half term) Are you a wicketkeeper (please tick if yes): [] <u>Grp 1</u>: u.11's & u.13's £110 [] <u>Grp 2:</u> Boys £132 [] <u>Grp 2:</u> Women's & Girls £132 [] <u>Grp 3</u>: Men's & Elite Group £132 [] *I agree to pay £110/£132 for the sessions from 10th January - 28th March 2023. Please pay by online banking using your/your child's name as reference:

Acc Name: Brad Donelan Sporting Enterprises Limited

Sort code: 40-24-15

Acc Number: 81437631 (Cheques payable to Brad Donelan).

A confirmation e-mail will be sent to confirm your place.

*Every participant will be required to fill out a parental consent and medical consent form when attending for the first time along with an application form. We will be taking photos, movie clips and using video analysis to assist player development and also for promotional usage. Videos will be uploaded to YouTube. Please sign consent for your child to be photographed/filmed.

Parents/relatives/carer's are allowed in the hall but do so at their own risk. Pro Cricket Academies will not be responsible for any accident/injury however caused.

Signed:	Date	
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^{*}Please note no refunds will be issued if your child misses a session or without a medical certificate or Dr's note dated and describing the injury/illness.



Parental / Player Consent Form

Activities

Cricket related activities that include but not extensive: Catching, Diving (crash & gym mats), Throwing, Running. Long Term Athlete Development equipment:

• Ladders, Hurdles. Skipping ropes,

Strength & Conditioning equipment:

• Medicine balls, sliders, battle rope, weighted bags, kettle bell, skipping ropes, boxing gloves and pads.

Bowling machine & Side Arm ball thrower Live nets Hard & soft balls

I agree to my son/daughter or if you are the Player (Name below):		
I consent (Parents Name only):		
the player's behaviour is inappropr	above. I understand that if my child or me as riate and effects the safe running of the course may decide to withdraw them from the	
· 1	& friends are allowed in the hall but do so at nies will not be responsible for any accident/	
Signed:	Parent / Guardian	
Dated:		
Name: (please print):		



Emergency Medical Treatment Form

Child's/Adults Forename:	Surname:	
Date of Birth: Curren	t Age:	
Doctor's Name:		
Doctor's Address:		
	Postcode:	
Doctor's Telephone Number:		
Any relevant Medical Information / Conditions / Fami	y history:	
Allergies:		
Dietary Requirements:		
Any other relevant information:		
Parents/Carers First Name:	Surname:	
Address:		
	Postcode:	
Emergency Contact Number:		
Child's/ adults Medical Number:		
Email address:		
In the event that my child/partner is involved in a serious incident while at the course, I expect the manager, or a delegated member of staff, to contact me immediately on the above emergency contact number. In the event that my child requires immediate medical treatment before I will be able to get to the Hospital, I hereby authorise the manager, or a delegated member of staff, to consent to emergency medical treatment on my behalf. I understand that this authorisation will remain valid unless I contact the manager to withdraw it.		
*Pro Cricket Academies will not accept any child	on a course unless they are in receipt of a signed :	
*Parental Consent form		
*Medical consent form.		
Signature of Parent / partner:		
Print Name:		