# **Pro Cricket Academies**

#### U9's & U11 Development Training session

**Venue: Wirral Grammar School for BOYS** 

Day: Thursday

Times: 5.30 - 6.30pm U.9's

5.30 - 6.30pm U10 & U11 Development. Transition to hard ball.

11th Jan - 28th March 2024

Cost: £6 per session U9's

£10 per session U11 Development (Transition to hardball)

For more information contact:
Brad Donelan 07757-553-656 or
E-mail - procricketacademies@gmail.com
Website - www.procricketacademies.com







Video analysis

**Power Hitting** 

Pro Cricket Academies are pleased to announce they have a U9 & U11 Development session. The development session is targeted at children in the U11 age group that are making the transition to hard ball for the 2024 season. Both sessions run alongside each other on a Thursday night. Brad Donelan will lead the sessions aided by two other coaches that will help develop your child. Brad is 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 and 1st Team & junior coach at Neston Cricket Club. The sessions will involve:

- 1to1 coaching.
- Group coaching sessions.
- Batting, bowling, fielding & wicket keeping covered.
- Video analysis used to help develop players. Identifying strengths & weaknesses.

To be sent to:					
	•				
Child's/ Adults F	orename:	Surname:	DOB:	Age:	
Address:				·	
Postcode:	Present sc	chool:	Present Club:		
Tel Home:		Mobi	ile:		
E-mail:			Are you happy to be added t	o our email distribution list? [ ] Yes [ ] No o our WhatsApp group? [ ] Yes [ ] No	
E-mail: <u>11th Jan - 28th I</u>	March 2023: (11 session		Are you happy to be added t Are you happy to be added t	o our email distribution list? [ ] Yes [ ] No o our WhatsApp group? [ ] Yes [ ] No	
E-mail:  11th Jan - 28th M U.9's £66 [ ]  *I agree to pay £6 Please pay by	March 2023: (11 session U11 Development (Tran 66 U9 session or £110 Donline banking using	ns): (No session 22nd Felnsition to hardball) £110 [ ]	Are you happy to be added to Are you happy to be added to half term) Are you a wicketked the January - 28th March 2024.  Me as reference:	o our email distribution list? [ ] Yes [ ] No o our WhatsApp group? [ ] Yes [ ] No	

\*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 not allowed in the hall as there is a viewing balcony available.

Signed	Date	
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<sup>\*</sup>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 / 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, Boxing gloves and pads.

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

I agree to my son/daughter (Name):	
I consent (Parent Name):	
Taking part in the activities listed above. behaviour is inappropriate and effects th Assistant Head Coach may decide to wit will be given.	e safe running of the course the Head or
(Indoor sessions) Parents, partners, relatives, carer's & frietheir own risk. Pro Cricket Academies winjury however caused.	
Signed:	Parent / Guardian
Print Name:	
Data	



## **Emergency Medical Treatment Form**

Child's/Adults Forename:	Surname:
Date of Birth: Age:	
Doctor's Name:	
Doctor's Address:	
	Postcode:
Doctor's Telephone Number:	
Any relevant Medical Information / Conditions / Family	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:	
ed member of staff, to contact me immediately on the a quires immediate medical treatment before I will be ab	bus incident while at the course, I expect the manager, or a delegat- above emergency contact number. In the event that my child re- le to get to the Hospital, I hereby authorise the manager, or a dele- cal treatment on my behalf. I understand that this authorisation will it.
*Pro Cricket Academies will not accept any child o	n a course unless they are in receipt of a signed:
*Parental Consent Form	
*Medical Consent Form.	
Signature of Parent/partner:	
Print Name:	
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