



# HIGH PERFORMANCE ACADEMY

## A DEVELOPMENT PROGRAM FOR OUTSTANDING YOUNG PLAYERS

By application only

### EXPERT COACHING

Our talented and experienced coaches work under the guidance of Elite Cricket founder and former Australian XI and Australia 'A' representative Mark Atkinson (Level 3) with specialist coaches from Cricket NSW High Performance Department.

### ENTRY REQUIREMENT

This application only program is specifically designed for those cricketers playing at representative level or its school equivalent. Successful applicants for this elite program will possess high levels of cricket skill and fitness, be self-disciplined, highly motivated and aged 13 years or above.

### HIGH QUALITY PROGRAM

Academy participants will train like a first class player and be challenged by an intensive program to further enhance their existing skills.

On both days, players will have the opportunity to choose specific training in their preferred discipline with expert coaching in Wicket keeping, Batting, Pace and Spin Bowling. Two sessions will be offered and these 2 choices should be nominated when applying.

- Turf Nets
- Sessions on captaincy, strategy and tactics
- Game and centre wicket scenarios
- Guest coaches from Cricket NSW High Performance

### PLEASE BRING:

- Personal cricket equipment
- Lunch and drinks
- Hat and sunscreen



PROGRAM RUNS FROM 9AM TO 3PM

**ELITE CRICKET**  
Mobile 0422 787 727

info@elitecricket.com.au  
www.elitecricket.com.au

## APPLICATION FORM

Drummoyne Oval  
29<sup>th</sup> & 30<sup>th</sup> September 2008

Waverley College  
9<sup>th</sup> & 10<sup>th</sup> October 2008

**Cost: \$300**

Please select your preferred specialist coaching group from:

- **Wicket Keeping (WK)**
- **Batting (B)**
- **Pace Bowling (PB)**
- **Spin Bowling (SB)**

Day 1 \_\_\_\_\_

Day 2 \_\_\_\_\_

Players will receive Elite Cricket cap and training shirt

Shirt Size: S \_\_\_ M \_\_\_ L \_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Mob: \_\_\_\_\_

Team: \_\_\_\_\_

Rep Team: \_\_\_\_\_

I enclose the sum of: \_\_\_\_\_

*I accept all risks and liabilities associated with participation in the Elite Cricket School Holiday Program.*

*I give permission for Elite Cricket staff to obtain emergency medical, hospital or ambulance services at any time they consider necessary.*

*I understand that I will be notified as soon as possible if medical, hospital or ambulance services are required.*

*I acknowledge that I will be liable for any medical, hospital or ambulance expenses incurred in the treatment of my child.*

Signed

Date

**Payment by cheque to 'Elite Cricket'**  
PO Box 241  
Gladesville NSW 1675