



# WELCOME TO THE LEAGUE



## ABOUT MID NORTH COAST BOWLS JUNIOR LEAGUE

Founded in 2025, the Mid North Coast Bowls Junior League is dedicated to promoting junior lawn bowls and supporting its growth across the Port Macquarie Hastings region. Our vision is to showcase lawn bowls as a fun, exciting, and emerging sport for children and young people, delivered in an engaging and accessible format.

Weekly sessions are held during NSW school terms at Port City Bowling Club, supported by volunteer coaches from both Port City Bowling Club and Westport Women's Bowling Club. The Mid North Coast Bowls Junior League pathway program aims to:

- Create a program that connects current members with juniors through shared experiences & mentorship
- Increase and strengthen lifelong participation in the sport of lawn bowls
- Establish a sustainable junior development pathway that benefits both the Club and the wider community into the future
- Engage the broader community by encouraging involvement from schools, the existing bowls community, and local families
- Explore opportunities for players to develop further skill through Club and regional competitions.



The Mid North Coast Junior League program is an integral part of Port City Bowling Clubs commitment to develop junior bowls in the Hastings.



# PATHWAY PROGRAM



## EXPLORING

- Introductory Program
- Junior Ace Bowls
- Modified game based learning, with an emphasis on having fun and making friends



## Developing & Emerging

- Junior Development Program
- Identified junior players based on ability and aspiration to receive coaching to learn the fundamentals of the sport
- Run by qualified Bowls Coaches
- Junior players introduced to full games mentored by senior players at Port City Bowling Club



## Specialising & Excelling

- Junior players selected to play at both Region and Zone level competitions
- State and National competitions
- Bowls Australia Junior Development program
- High Performance institute programs



# PLAYER MEDICAL & PHOTO WAIVER

## MID NORTH COAST BOWLS JUNIOR LEAGUE

### PLAYER INFORMATION

First Name :	<input type="text"/>	Date Of Birth :	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			D	D	M	M	Y Y
Surname :	<input type="text"/>	Age :	<input type="text"/>				
Full Address :	<input type="text"/>						
Town/ City :	<input type="text"/>	Postcode :	<input type="text"/>				
Parents Names :	<input type="text"/>						
Mobile 1 :	<input type="text"/>	Mobile 2 :	<input type="text"/>				
E-Mail :	<input type="text"/>						

### MEDICAL DETAILS

It is essential you inform us if your child has any medical conditions. This must include any known allergies. You should also contact us as soon as you are aware of any newly diagnosed allergies, other medical conditions or changes to an existing condition. This will assist us to support the safety and wellbeing of your child and allow planning to occur to determine the best way to meet the individual health and support needs of your child. If we have any concerns about your child during our sessions we will call the contact numbers provided above

Does your child have any medical conditions or allergies: ☐ Yes, please detail below ☐ No

Other emergency contact person:

Relation to your child:  Mobile:

### MODEL RELEASE FORM

I consent to the use of photo and/or information related to my experience at Port City Bowling Club. I understand this information may be used in publications including electronic publications, audio visual presentations, promotional copywriting, community presentations and other media. I understand the images of my child may be cropped, filtered or colour corrected appropriately according to use.

I release Port City Bowling Club and their respective employees, officers and agents from any and all liability which may arise from the use of such promotional material media stores, written articles, videography and/or photographs.

I prefer that:

☐ My child's complete name be used ☐ My child's first name only be used ☐ No name be used

I understand that I can revoke this release at any time in writing and that the future use of any of my photographs, videos or other information authorised by this release will cease

PARENT GUARDIAN NAME:  DATE:

PARENT GUARDIAN SIGNATURE: