

BADMINTON CLINIC

NCCP LEVEL 1 TECHNICAL COACHING CLINIC

WHEN: **SEPTEMBER 11-12, 2010**

TIMES: Clinic: 9 a.m. to 5 p.m. each day.
Registration on Saturday....9 a.m. sharp.

WHERE: Ryerson Heights Elementary School (great courts)
33 Dowden Street, Brantford
Entrance at right hand side of school

Registration Fee: \$165 includes Manual/folder (\$65.00), on court instruction and testing.

Course: **Includes the following**

- 1) class organization including lesson plans and teaching methodologies.
- 2) Fundamentals of grip and basic court movement
- 3) Basic drill development and feeding techniques.
- 4) Basic forecourt strokes; i.e. backhand and forehand net shots, backhand short serves and returns, drives, backhand and forehand underhand clears, plus singles long serve.
- 5) Basic backcourt strokes; i.e. forehand and overhead clear and drop, forehand overhead smash, basic stance/contact point re around-the head clear, Singles serve returns
- 6) Basic strategy and tactics (Singles and Doubles) .

Instructors: **Master Course Conductor Edith Hayman** (National Coach) **519-759-5556**
Course Conductor Cindy Huras, and Assist. Course Conductor Kristina Hall

Note: Each Coach/Teacher may bring 3 students (who MUST be beginners) for two days of coaching. Cost is \$20.00 per day per student. This is an awesome opportunity for these students at a minimal cost. We mentor you while coaching your students. Students do not have to be Juniors.

Clothing: come ready to play in proper shorts, t-shirts and court shoes.

Registration deadline : September 7, 2010

It is strongly suggested that one have their Competition #1 Theory
Please register by deadline in order to allow for your course material to arrive in time for the clinic. For any junior student, safety eye wear is manatory.

Lunch One hour Lunch:...buy your lunch at stores nearby...or bring your own.

Please register by Sept 7. 2010

1) Mail send to Mrs. Edith Hayman, 22 Coronation Dr., Brantford, On. N3R 1L1

2) E-mail edith.doughayman@sympatico.ca **NCCP #1 Coaching Clinic**
September 11-12, 2010

Name: _____ Address _____ City _____

P.Code _____ Phone: _____ School/club _____

Your E-mail please _____

Student #1 Name _____ Club/Sch _____

Student #2 Name _____ Club/Sch _____

Student #3 Name _____ Club/Sch _____

If students are Junior age, (Under 19)they must have/wear safety eyeglasses.