

## PRINCE ALFRED COLLEGE JUNIOR SCHOOL

### WILD WINTER SPORTS

**WHEN:** WEDNESDAY  
**COMMENCING:** 29/7/2015  
**CONCLUDING:** 9/9/2015  
**TIME:** 3:00 PM – 3:45 PM  
**YEAR LEVELS:** **Reception**

The WILD WINTER MULTI SPORTS programme allows your child to play a range of dynamic and active programmes; these include **FOOTBALL, SOCCER, BASKETBALL, LACROSSE**

This programme will not only provide an essential base for your child's motor skills but help build awareness and co-ordination all in an enjoyable environment.

### WILD WINTER SPORTS

**WHEN:** WEDNESDAY  
**COMMENCING:** 29/7/2015  
**CONCLUDING:** 9/9/2015  
**TIME:** 3:30 PM - 4:30 PM  
**YEAR LEVELS:** **1 and 2**

The WILD WINTER MULTI SPORTS programme allows your child to play a range of dynamic and active programs; these include **FOOTBALL, SOCCER, BASKETBALL, LACROSSE**

This programme will not only provide an essential base for your child's motor skills but help build awareness and co-ordination all in an enjoyable environment.

**COST:** \$70.00 for reception clinic OR \$85.00 for year 1 and 2 clinic  
**VENUE:** PRINCE ALFRED COLLEGE JUNIOR SCHOOL MEETING PLACE: JUNIOR PRIMARY PLAYGROUND



ON LINE REGISTRATION : [www.kellysports.com.au](http://www.kellysports.com.au)  
Or fill out the enrolment form & send with a cheque or pay by Internet banking with details to:  
Twin Sports Pty Ltd T/As Kelly Sports Adelaide Metro PO BOX 91 Brighton SA 5048

**Internet Banking:** BSB 035-045 A/c No 342581 (please include your child's first & last name as a reference)  
Please **do not** leave enrolment forms at the school office.

(Reception) ☐ (Year 1 and 2) ☐

School: PRINCE ALFRED COLLEGE JUNIOR SCHOOL

Year Level: .....

Name: ..... Room No: .....

Address: ..... Post Code: .....

Phone: (Home) ..... (Mobile/Work) .....

Email: ..... Medical Conditions: .....

At the completion of after school clinics, does your child? GO TO AFTER CARE ☐ GET COLLECTED ☐

Parents consent: I hereby authorise Kelly Sports to act on my behalf should my child require medical attention, and release Kelly Sports, from any liability for injury incurred by my child at Kelly Sports programmes.

Parent/Caregiver Name: ..... Parent/Caregiver Signature: .....

Amount Paid: \$\_\_\_\_\_ by internet/cheque /cash (please circle) Date Paid (if internet): \_\_\_\_\_

**ENQUIRE ABOUT A KELLY SPORTS BIRTHDAY PARTY FOR YOUR CHILD**