

# ST PETER'S COLLEGE KELLY SPORTS ACADEMY



**WHEN:** MONDAY  
**COMMENCING:** 20/10/2014  
**CONCLUDING:** 1/12/2014  
**TIME:** 3:25 PM - 4:25 PM  
**YEAR LEVELS:** 3

Provides a pathway from R-2 Multi-Sports programs

THE **KELLY SPORTS ACADEMY** PLACES A HIGH EMPHASIS ON SKILLS AND GAME ASPECTS WITH SPECIALIST COACHES WHO WILL ASSIST YOUR CHILD DEVELOP IN THE FOLLOWING SPORTS OVER A 7 WEEK PERIOD:

CRICKET HOCKEY LACROSSE BASKETBALL



**COST:** \$85 includes a Kelly Sports Academy T-Shirt  
**VENUE:** St Peter's College

**MEETING PLACE:** 'THE SHED'



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.

## ENROLMENT FORM

**School:** St Peter's College **Year Level:** .....

**Name:** ..... **T Shirt size :** .....

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

**Phone: (Home)** ..... **(Mobile)** .....

**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 NOW!!!!**