

Colonel Light Gardens Primary School

seal .	WILD V	VINTER SPORTS
	• Start the new school term by enrolling in this fantastic Kelly Sports programme. Join up with your friends and develop your skills in a fun and exciting sporting environment.	
WHEN: Thursday	The <u>WILD WINTER SPC</u>	DRTS programme includes:
COMMENCING: 31/7/2014	FOOTBALL	SOCCER
CONCLUDING: 18/9/2014	NETBALL	BASKETBALL
	LACROSSE	RUGBY
TIME: 3:15 PM – 4:15 PM		S programme allows your child to experience a fun, ve multi-sport session over a 8 week period.
YEAR LEVELS: R – 2	Our modified sports games provide lots of fun while skills are being developed.	
	Kelly Sports is a Registered	d Child Care provider.
 Sessions include individual skills, pair skills and modified games with an emphasion learning while having fun. COST: \$80 		
		OST: \$80
	VENUE: CLG Primary Schoo	ol Meeting Place : Northern End School Oval
ON LINE REGISTRATION : 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:		Year Level:
Name:		Room No:
Addross		Post Code:
Phone: (Home)	(Mobile/Work)	
Email: Medical Conditions:		
At the completion of the Kelly Sp	orts clinics, does your child? GO	TO AFTER CARE 🔲 GET COLLECTED 🗆
Parents' consent: I hereby authorise I		ny child require medical attention, and release Kelly Sports
Parents' consent: I hereby authorise I Adelaide Metro South, from any liabili	Kelly Sports to act on my behalf should n	ny child require medical attention, and release Kelly Sports lly Sports programmes.
Parents' consent: I hereby authorise I Adelaide Metro South, from any liabili Parent/Caregiver Name: Amount Paid: \$	Kelly Sports to act on my behalf should n ity for injury incurred by my child at Kel 	ny child require medical attention, and release Kelly Sports lly Sports programmes. er Signature: ease circle) Date Paid (if internet):
Parents' consent: I hereby authorise I Adelaide Metro South, from any liabili Parent/Caregiver Name: Amount Paid: \$	Kelly Sports to act on my behalf should n ity for injury incurred by my child at Kel 	ny child require medical attention, and release Kelly Sports lly Sports programmes. er Signature:
Parents' consent: I hereby authorise I Adelaide Metro South, from any liabili Parent/Caregiver Name: Amount Paid: \$	Kelly Sports to act on my behalf should n ity for injury incurred by my child at Kel 	ny child require medical attention, and release Kelly Sports lly Sports programmes. er Signature: ease circle) Date Paid (if internet):
Parents' consent: I hereby authorise I Adelaide Metro South, from any liabili Parent/Caregiver Name: Amount Paid: \$	Kelly Sports to act on my behalf should n ity for injury incurred by my child at Kel 	ny child require medical attention, and release Kelly Sports lly Sports programmes. er Signature: ease circle) Date Paid (if internet):