



## GOODSTART EARLY LEARNING SEMAPHORE SOUTH

Kelly Sports runs programmes to teach children the fundamentals of sport.

This **10 WEEK program** is all inclusive with high participation. Our key aims are to develop and enhance the following skills – **running, jumping, catching, throwing, passing, kicking and striking:**

The Fundamental Skills Program includes:

- **Motor Skill Development**
- **Balance and Hand- Eye Coordination**
- **Introduction to a variety of sports -Soccer, Basketball, Handball and more.**

A summary of the activities taught will be sent to you at the end of term.

**WHEN:** Tuesday  
**COMMENCING:** 21<sup>ST</sup> JULY 2015  
**CONCLUDING:** 22<sup>ND</sup> SEPTEMBER 2015  
**TIME:** 10.00am – 10.30am  
**COST:** \$7.00 per session

**COST:** \$70 (to enrol online go to [www.kellysports.com.au](http://www.kellysports.com.au) and search for your centre)  
**VENUE:** Goodstart Early Learning Semaphore South

### ONLINE ENROLMENT

[www.kellysports.com.au](http://www.kellysports.com.au)

To enrol, visit [www.kellysports.com.au](http://www.kellysports.com.au) or fill out the enrolment form below and send it with a cheque to Twin Sports Pty Ltd T/As Kelly Sports Adelaide Metro to **PO BOX 91 Brighton SA 5048**

**Internet Banking: BSB 035 045 A/C No 342581**

## ENROLMENT FORM

Centre: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile/Work: \_\_\_\_\_

Email: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

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

Parent/Caregiver name: \_\_\_\_\_ Signature: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ by Cash / Cheque / Internet transfer (date) \_\_\_\_\_

PLEASE DO NOT LEAVE ENROLMENT FORMS WITH THE CENTRE