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MULTI-SPORTS PROGRAM TERM 2 2017

AMAZING AUTUMN SPORTS PARKSIDE PRIMARY SCHOOL



WHEN: THURSDAY COMMENCING: 11/5/17 CONCLUDING: 22/6/17

TIME: 3:25pm - 4:25pm

YEAR LEVELS: R - 2 COST: \$90 Join up with your friends and develop your skills in a FUN, SAFE and exciting sporting environment.

The **Amazing Autumn Sports** programme allows your child to experience energetic and highly active multi-sport sessions which will challenge and improve your child's motor and co-ordination skills.

The Amazing Autumn Sports programme includes FOOTBALL, SOCCER, NETBALL, BASKETBALL

Our experienced coaches aim to develop and enhance the wide range of sporting skills of your child including kicking, catching & throwing while also improving strength, flexibility, hand-eye co-ordination, spatial awareness, co-operative skills and teamwork.

Kelly Sports is a Registered Child Care provider .. Child care benefits available

VENUE: Parkside Primary School Meeting Place : Big tree by edge of oval next to gym



ONLINE ENROLMENT

www.kellysports.com.au

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

Internet Banking: BSB 035 045 A/C No 342581

ENROLMENT FORM

| School: | | | Year Level: |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------------------------------|-------------------------|
| Name: | | | |
| Address: | | | Post Code: |
| Phone: | Mobile/Work: | | |
| Email: | | | |
| Medical Condit | itions: | | |
| At the comp | oletion of the Kelly Sports clinics, does your child? | GO TO AFTER CARE | GET COLLECTED \square |
| Parents' consent: I hereby authorise Kelly Sports to act on my behalf should my child require medical attention, and release Kelly Sports Adelaide Metro from any liability for injury incurred by my child at Kelly Sports programmes. | | | |
| Parent/Caregiv | ver name: | Signature: | |
| Amount Paid: \$ | \$ by Cash / Che | que / Internet transfer (date) | |