

Kelly Sports Adelaide Metro PO BOX 91 BRIGHTON SA 5048 TEL: 0439 063 916 EMAIL: IANBARNES@KELLYSPORTS.COM.AU

Burnside Primary School

SIZZLING SUMMER 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: Friday | • The <u>SIZZLING SUMMER_SPORTS</u> programme includes: | |
| COMMENCING:12/2/16 | TEE-BALL | |
| | ATHLETICS HOCKEY | |
| CONCLUDING: 1/4/16 <i>No session 25/3</i> | The SIZZLING SUMMER SPORTS program allows your child to experience fun, energetic and highly active multi-sport sessions. | |
| TIME: 3:20 PM – 4:35 PM | • Our modified sports games provide lots of fun while skills are being developed. | |
| YEAR LEVELS: R – 2 | Kelly Sports is a Registered Child Care provider. | |
| NOW | Sessions include individual skills, pair skills and modified games with an emphasis on learning while having fun. | |
| $\left\langle \begin{array}{c} 75\\ \text{MINUTE} \end{array} \right\rangle$ | COST: \$90 | |
| SESSIONS | VENUE: Burnside Primary School Meeting Place Oval | |
| | | |
| ON LINE REGISTRA | TION : 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: | | |
| Address: | Post Code: | | |
| Phone: (Home) | | | |
| Email: Medical Conditions: | | | |
| At the completion of the Kelly Sports clinics, does your child? GO TO AFTER CARE \Box | GET COLLECTED \Box | | |
| Parents' consent: I hereby authorise Kelly Sports to act on my behalf should my child require medical attention, and release Kelly Sports Adelaide Metro South, from any liability for injury incurred by my child at Kelly Sports programmes. | | | |
| Parent/Caregiver Name: | | | |
| Amount Paid: \$ by internet/cheque /cash (please circle) Date F | | | |
| ENQUIRE NOW ABOUT A KELLY SPORTS BIRTHDAY PARTY FOR YOUR CHILD | | | |
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