

## AMAZING AUTUMN SPORTS EAST ADELAIDE PRIMARY SCHOOL



**WHEN:** SATURDAY  
**COMMENCING:** 12/5/18  
**CONCLUDING:** 30/6/18  
**TIME:** 8.30 – 9.30am OR 9.45 – 10.45am  
**YEAR LEVELS:** R - 2  
**COST:** \$90

Note: No session on 9<sup>th</sup> June due to long weekend

**VENUE:** East Adelaide Primary School

**Meeting Place :** Outside the Gymnasium

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

### 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 **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 Conditions: \_\_\_\_\_

**I wish my child to participate in: SESSION 1 (8.30 – 9.30am) ☐ or  
SESSION 2 (9.45 – 10.45am) ☐**

**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/Caregiver name: \_\_\_\_\_ Signature: \_\_\_\_\_

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

**ENQUIRE NOW ABOUT A KELLY SPORTS BIRTHDAY PARTY FOR YOUR CHILD**