



**KELLY  
SPORTS**  
LIFE LONG LOVE OF SPORTS

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



# Immanuel Primary School

## SIZZLING SUMMER SPORTS

**WHEN: MONDAY**

**COMMENCING: 8/2/16**

**CONCLUDING: 4/4/16**  
*No session 14/3 & 28/3*

**TIME: 3.25 PM – 4.40 PM**

**YEAR LEVELS: R – 2**



- 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.

- The SIZZLING SUMMER SPORTS programme includes:

|           |          |
|-----------|----------|
| CRICKET   | TEE BALL |
| ATHLETICS | HOCKEY   |

The **SIZZLING SUMMER SPORTS** programme allows your child to experience a fun, energetic and highly active multi-sports sessions

- Our modified sports games provide lots of fun while skills are being developed.
- Sessions include individual skills, pair skills and modified games with an emphasis on learning while having fun.

**COST: \$90**

**VENUE:** Immanuel Primary School

**Meeting Place :** Reception grass area



ON LINE REGISTRATION : [www.kellysports.com.au](http://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) ..... (Mobile/Work) .....

Email: ..... Medical Conditions: .....

At the completion of the Kelly Sports clinics, does your child? GO TO AFTER CARE  GET COLLECTED

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: ..... Parent/Caregiver Signature: .....

Amount Paid: \$ \_\_\_\_\_ by internet/cheque /cash (please circle) Date Paid (if internet):

**ENQUIRE ABOUT A KELLY SPORTS BIRTHDAY PARTY NOW!!**