

| <b>P.O</b> . | Box 9 | 91, | Brig | hton | SA | 5048 |
|--------------|-------|-----|------|------|----|------|
| 0439         | 0639  | 16  |      |      |    |      |

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MULTI -SPORTS PROGRAM TERM 1 2018



## SIZZLING SUMMER SPORTS WEST BEACH PRIMARY SCHOOL



West Beach Primary School

ONLINE ENROLMENT www.kellysports.com.au

WHEN: WEDNESDAY

**COST: \$90** 

VENUE:

COMMENCING: 7/2/18

CONCLUDING: 21/3/18 TIME: 3:25pm – 4:25pm YEAR LEVELS: R - 2 Join up with your friends and develop your skills in a FUN, SAFE and exciting sporting environment.

The **Sizzling Summer 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 Sizzling Summer Sports programme includes CRICKET, HOCKEY, TEE-BALL, ATHLETICS

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

Meeting Place : School Oval

To enrol, visit <u>www.kellysports.com.au</u> 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:  |   |               |  |  |  |  |  |
| At the completion of the Kelly Sports clinics, does you  | ur 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<br>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