

# SUPER SPRING SPORTS

## FULHAM NORTH PRIMARY SCHOOL



**WHEN:** THURSDAY  
**COMMENCING:** 25/10/18  
**CONCLUDING:** 6/12/18  
**TIME:** 3:15pm - 4:15pm  
**YEAR LEVELS:** R - 2  
**COST:** \$90 +GST (Total cost \$99.00)

*Kelly Sports is now a Sports Voucher provider.*



Join up with your friends and develop your skills in a FUN, SAFE and exciting sporting environment.

The **Super Spring 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 **Super Spring Sports** programme includes  
**CRICKET, HOCKEY, ATHLETICS, TEEBALL**

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.

A Kelly Sports coach will be responsible for your child during this activity and a registration form and payment is required before your child participates in activities with us.

**VENUE:** Fulham North Primary School

**Meeting Place :** Basketball Court

### 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**

To download your voucher for Sports Voucher please visit [www.sportsvouchers.sa.gov.au](http://www.sportsvouchers.sa.gov.au) and forward to Kelly Sports with your registration form. A discount of \$50 will be deducted from your Kelly Sports fees and an invoice will then be issued for the payment of the remaining balance.

**Internet Banking: BSB 035 045 A/C No 342581**

### ENROLMENT FORM

School: \_\_\_\_\_ Year Level: \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ 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 from any liability for injury incurred by my child at Kelly Sports programmes.**

**I consent to my child's photo being taken for use in promotional material by Kelly Sports.**

Parent/Caregiver name: \_\_\_\_\_ Signature: \_\_\_\_\_

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