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

Hall Available When Required

Westbourne Park Primary School

WILD WINTER SPORTS

WHEN: Monday

COMMENCING: 28/7/2014

CONCLUDING: 15/9/2014

TIME: 3.25 PM - 4:25 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 <u>WILD WINTER SPORTS</u> programme includes:

FOOTBALL	SOCCER	LACROSSE
NETBALL	BASKETBALL	TOUCH RUGBY

- The **WILD WINTER SPORTS** programme allows your child to experience a fun, energetic and highly active multi-sport session over an 8 week period.
- Our modified sports games provide lots of fun while skills are being developed.
- **Kelly Sports is a Registered Child Care provider**.
- Sessions include individual skills, pair skills and modified games with an emphasis on learning while having fun.

COST: $80

VENUE: Westbourne Park Primary School.   **Meeting Place** : Yard C new area

ON LINE REGISTRATION : **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 !!!