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

Burnside Primary School

AMAZING AUTUMN SPORTS

- 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>AMAZING AUTUMN SPORTS</u> programme includes:

    TOUCH FOOTBALL

    ATHLETICS   LACROSSE

- The **AMAZING AUTUMN SPORTS** program allows your child to experience fun, energetic and highly active multi-sport sessions.
- 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: $85

VENUE: Burnside Primary School   **Meeting Place** Oval

WHEN: Friday

COMMENCING: 8/5/2015

CONCLUDING: 19/6/2015

TIME: 3:20 PM – 4:20 PM

YEAR LEVELS: R – 2

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 NOW ABOUT A KELLY SPORTS BIRTHDAY PARTY FOR YOUR CHILD