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

Hall
Available
When
Required

Immanuel Primary School

SUPER SPRING SPORTS

WHEN: MONDAY

COMMENCING: 20/10/2014

CONCLUDING: 8/12/2014

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 SUPER SPRING SPORTS programme includes:

    CRICKET   ATHLETICS

    TEE BALL   HOCKEY

- The **SUPER SPRING 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.
- Sessions include individual skills, pair skills and modified games with an emphasis on learning while having fun.

COST: $80

VENUE: Immanuel Primary School   **Meeting Place** : Reception grass 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!!