Kelly Sports Adelaide Metro
PO BOX 91, BRIGHTON, SA, 5048
TEL: 0439 0639 16 EMAIL: ianbarnes@kellysports.com.au

WALKERVILLE PRIMARY

AMAZING AUTUMN SPORTS

WHEN: FRIDAY

COMMENCING: 8/5/2015

CONCLUDING: 19/6/2015

TIME: 3:35 PM - 4:35 PM

YEAR LEVELS: R, 1, 2

Our AMAZING AUTUMN SPORTS allows your child to play range of dynamic and active programmes. This programme will not only provide an essential base for your child's motor skills but help build awareness and co-ordination all in an enjoyable environment.

- The **AMAZING AUTUMN SPORTS** programme includes:
  - FOOTBALL SOCCER
  - NETBALL BASKETBALL
- The Amazing Autumn Multi-Sports programme is a fantastic way for your child to develop key sporting skills essential for all sports. It will inspire children to give sport a go as they develop their catching, throwing, kicking, striking, running and jumping skills.
- Our modified sports games provide lots of fun while skills are being developed.
- **Kelly Sports is a Registered Child Care provider**.

COST: **$85**
VENUE: **WALKERVILLE PRIMARY** **MEETING PLACE:** **'THE QUADRANGLE'**

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: Walkerville Primary **Year Level:** .....

Name: ..... **Room Number :** .....

Address: ..... **Post Code:** .....

Phone: (Home) ..... **(Mobile)** .....

Email: ..... **Medical Conditions:** .....

At the completion of after school 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 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 FOR YOUR CHILD