

# WILD WINTER SPORTS

## LINDEN PARK PRIMARY SCHOOL



**WHEN:** THURSDAY  
**COMMENCING:** 1/8/19  
**CONCLUDING:** 12/9/19  
**TIME:** 3:20pm - 4:20pm  
**YEAR LEVELS:** R - 2  
**COST:** \$99 +GST (Total cost \$108.90) OR redeem your \$100 Sports Voucher and pay only \$8.90!

Kelly Sports is a Sports Voucher provider.



The **Wild Winter 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 **Wild Winter Sports** programme includes **FOOTBALL, SOCCER, TOUCH FOOTBALL, BASKETBALL**

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:** Linden Park Primary School

**Meeting Place :** Grass area outside office

### ONLINE ENROLMENT

[www.kellysports.com.au](http://www.kellysports.com.au)

To enrol and/or redeem your sports voucher discount, register online at [www.kellysports.com.au](http://www.kellysports.com.au) OR fill out the enrolment form below and send it to **PO BOX 91 Brighton SA 5048**. Payments can be made online at [www.kellysports.com.au](http://www.kellysports.com.au) or by EFT to **Kelly Sports Adelaide Metro BSB 035 045 A/C No 342581**. For further information about your Sports Voucher eligibility please visit [www.sportsvouchers.sa.gov.au](http://www.sportsvouchers.sa.gov.au).

### 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) \_\_\_\_\_