



AT Blockhouse Bay SCHOOL

ON Wednesdays AFTER SCHOOL

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www.kellysports.co.nz

WHEN: Wednesdays
COMMENCING: 20/10/2010
CONCLUDING: 8/12/2010
TIME: 3:10 PM – 4:10 PM
YEAR LEVELS: 5-6



WIN WIN WIN

A Kelly Sports Prize Pack

- Cricket Bat
- Rugby Ball
- Soccer Ball

Enroll before the 12th October to be in to win

SUMMER SPORTS COMPETITION

FOOTBALL - NETBALL – BASKETBALL- TOUCH RUGBY
YEAR 5-6 Multisport competition

We will be having an 8 week competition covering all the above sports, small exciting games each week should ensure a fun safe environment for everyone

- Designed specifically so children can experience a range of sports.
- Helps them develop their kicking, throwing, catching, striking, jumping and running skills through a variety of sports.
- Children grouped according to their age and skill level.
- For those children who haven't joined a club before it gives them the confidence to give sport a go – find out what sport they love!
- For children already playing sport it gives them an extra chance to improve their skills for the winter and summer seasons.

PLAYER OF THE DAY MEDAL AWARDED EVERY SESSION

CERTIFICATES AWARDED AT THE END OF THE TERM



Kelly Sports
SOUTH WAITAKERE

COST: \$65 for 8-week programme. *Family discounts available.* EARLY BIRD rate \$60 for application prior to 12th Oct 2010

REMEMBER: Enroll before the 12 October go into the draw to WIN a Kelly Sports Summer Prize Pack

VENUE: Blockhouse Bay SCHOOL **MEETING PLACE:** Flag Pole- If raining school hall

To enroll, please fill out the enrolment form & send with a cheque or pay by internet banking:

Kelly Sports South Waitakere, PO BOX 66141 Beach Haven Auckland

Internet Banking: 06-0122-0264717-01 (please include your child's first & last name as a reference)

Enrolment forms will not be processed without payment. Do **not** leave enrolment forms at the school office.

KELLY SPORTS ENROLMENT FORM

SUMMER SPORTS COMPETITION

School: Blockhouse Bay SCHOOL

Year Level: _____

Name: _____ Room Number: _____

Address: _____

Phone: (Home) _____ (Mobile / Work) _____

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 Northern 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): _____