

Kelly Sports



www.kellysports.co.nz

South Waitakere

AT KAURILANDS

ON TUESDAYS AFTER SCHOOL
TERM 4 2011

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MULTI SPORT MADNESS

**STARTS
WEEK 3 OF TERM 4**

WHEN: TUESDAY
COMMENCING: 8 November 2011
CONCLUDING: 13 December 2011
TIME: 3:05PM – 4:05PM

**ATHLETICS
BASKETBALL
PARACHUTE
RIPPA-RUGBY
SOCCER**

ATHLETICS, SOCCER, RUGBY, BASKETBALL, PARACHUTE

Plus our famous Kelly Sports modified games children love...

**RUN THE GAUNTLET - MONSTERS - DODGEBALL - MADNESS - RAPIDFIRE -
RELAY RACES AND MUCH MORE. STARTS WEEK THREE OF TERM 4 2011**

- Have a go at the Awesome sports listed and learn a range of fundamental skills such as kicking, throwing, catching, striking, jumping and running. Children grouped according to their age and skill level.
- Sessions include individual skills, pair skills and modified games with an emphasis on learning while having fun.
- Encourages children to join sports clubs by helping them gain confidence. For those already playing sport, it gives them another chance to practice the fundamental skills needed on a sports field.
- You can collect your child after the session, or come along and watch.

Where sporting excellence begins

PLAYER OF THE DAY RIBBON AWARDED EVERY SESSION

COST: \$60 for 6-week programme.

Early bird rate of \$50 if received before 3rd November

VENUE: KAURILANDS SCHOOL **MEETING PLACE:** COURT BY OFFICE

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 0749

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 – MULTISPORT MADNESS

Multisport Madness – STARTS TUESDAY 8th November

School: **KAURILANDS 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 WALK HOME

Parents consent: I hereby authorise Kelly Sports to act on my behalf should my child require medical attention, and release Kelly Sports South Waitakere 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): _____