



**ROTOTUNA PRIMARY SCHOOL  
ON WEDNESDAY AFTER SCHOOL**

Kelly Sports Hamilton, PO Box 617, Hamilton 3240  
Tel: 07 838 8059 Email: [waikato@kellysports.co.nz](mailto:waikato@kellysports.co.nz)

**www.kellysports.co.nz**

**8 WEEK PROGRAMME – ONLY \$75**

**KELLY SPORTS – OLYMPIC GAMES**



Have a go at all of these sports:

Netball – Football – Hockey – Athletics –

Touch Rugby – Basketball – Cricket – Tball

Designed specifically so children can experience a range of sports

Children grouped according to age and skill level

**WHEN:** Wednesday  
**STARTING:** 15/02/2012  
**FINISHING:** 04/04/2012  
**TIME:** 3:00 – 4:00PM

**YEAR LEVELS:** 0 – 4

**COST:** \$75.00

**MEETING PLACE:** Covered Courts

If you'd like information about our

**HOLIDAY PROGRAMMES**

Please phone 838 8059 or email

[waikato@kellysports.co.nz](mailto:waikato@kellysports.co.nz)

**EARLY BIRD SPECIAL**

Send in your enrolment and payment before the start of term  
And pay only \$70.00

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

Kelly Sports Hamilton, PO Box 617, Hamilton 3240 | Fax 838 9911

**Internet Banking:** 03-0318-0856562-00 (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 – TERM 1 2012**

School: ROTOTUNA PRIMARY SCHOOL

Year Level: \_\_\_\_\_

Name: \_\_\_\_\_ Room Number: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Mobile / Work) \_\_\_\_\_

Email: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_

Parents consent: I hereby authorize Kelly Sports to act on my behalf should my child require medical attention, and release Kelly Sports Hamilton from any liability for injury incurred by my child at Kelly Sports programmes

At the completion of the clinic, does your child? GO TO AFTER SCHOOL CARE  GET COLLECTED

Please tick this box if you do NOT want your child's photo used for promotional purposes

Parent/Caregiver Name: \_\_\_\_\_ Parent/Caregiver Signature: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ by internet/cheque/cash/credit card (please circle) Date Paid (if internet): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name on card: \_\_\_\_\_ Visa / Mastercard (Please circle)