

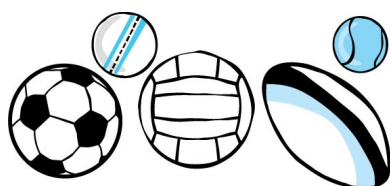


AT SOMERFIELD SCHOOL ON FRIDAYS AFTER SCHOOL TERM 1 2012

Adam Fleming, Kelly Sports Christchurch Manager
Phone: 021 0255 8263 or adam@kellysports.co.nz

www.kellysports.co.nz

WHEN: Fridays
COMMENCING: 17/02/2012
CONCLUDING: 30/03/2012
TIME: 3:10PM – 4:10PM
YEAR LEVELS: 0 – 4



KELLY SPORTS OFFERS

Holiday Programs
Sports Days at Schools
In-curriculum Programs
For more info visit our website

www.kellysports.co.nz

MULTISPORT MADNESS

HOCKEY - ATHLETICS - CRICKET
SOCCER

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 1 2012

- Have a go at all the sports listed above and learn a range of fundamental skills such as kicking, throwing, catching, striking, jumping and running.
- Sessions include individual skills, pair skills and modified games with an emphasis on learning while having fun.
- When possible children will be grouped according to age and ability.
- Encourages them to join a sports club by helping them gain confidence. For those already playing sport, it gives them another chance to practise the fundamental skills needed on the sports field.

**PLAYER OF THE DAY CERTIFICATE AWARDED EVERY SESSION
CERTIFICATES AWARDED AT THE END OF THE TERM**

WHY NOT HAVE A KELLY SPORTS BIRTHDAY PARTY?

- Have a coach from Kelly Sports come out and run your birthday party.
- Fantastic fun for the kids. Stress free for the parents.
- Choose from Soccer, Hockey, Netball, Basketball, Touch and more.

COST: \$65 for 7-week programme. *Early bird rate of \$60 if received before 10th February*

PLEASE NOTE: Programme places are limited so please enrol as soon as possible to avoid disappointment.

VENUE: SOMERFIELD SCHOOL

MEETING PLACE: Netball court if fine. Hall if wet.

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

Kelly Sports Christchurch, PO BOX 37296, Halswell, Christchurch

Internet Banking: 03-1584-0110207-000 (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

STARTS FRIDAY 17TH FEBRUARY

School: SOMERFIELD 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 Christchurch 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): _____