# AT TITIRANGI SCHOOL

***ON Thursdays AFTER SCHOOL***

**Shaun Barnett, Kelly Sports South Waitakere Manager**
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**www.kellysports.co.nz**

**WHEN:** THURSDAYS
**COMMENCING:** 21/10/2010
**CONCLUDING:** 9/12/2010
**TIME:** 3:05 PM – 4:05 PM
**YEAR LEVELS:** 5-6

## 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**

## WIN WIN WIN

**A Kelly Sports Prize Pack**

- **Cricket Bat**
- **Rugby Ball**
- **Soccer Ball**

**Enroll before the 12th October to be in to win**

**Kelly Sports SOUTH WAITAKERE**

**COST:**$65 for 8-week programme. *Family discounts available.* EARLY BIRD rate $60 for application prior to12th Oct 2010
**REMEMBER:** If the session is postponed due to inclement weather THAT Friday will be the make up day.
**VENUE:** TITIRANGI SCHOOL **MEETING PLACE:** Shaded seated area by field

**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: TITIRANGI 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):** _____