

# Kelly Sports



www.kellysports.co.nz

## South Waitakere

# AT TITIRANGI

ON Mondays AFTER SCHOOL  
TERM 4 2011

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# MULTI SPORT MADNESS

**STARTS  
WEEK 3 OF TERM 4**

**WHEN:** Mondays  
**COMMENCING:** 7 November 2011  
**CONCLUDING:** 12 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:** TITIRANGI SCHOOL **MEETING PLACE:** SHADED 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 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 MONDAY 7th November

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  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): \_\_\_\_\_