



OREWA NORTH SCHOOL

ON WEDNESDAYS AFTER SCHOOL

PO Box 107, Orewa, 0946
 T e l : (09) 427 9377 Email : jenny@kellysports.co.nz
www.kellysports.co.nz

MEGA MULTISPORT

Touch – Athletics – Basketball – Football – Cricket – Hockey

Children learn a range of fundamental skills such as kicking, throwing, catching, striking, jumping and running.

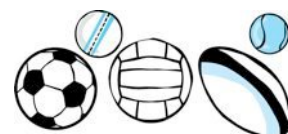
Sessions include individual skills, pair skills and modified games with an emphasis on learning while having fun.

Children get a taste of different sports in a safe and encouraging environment

For those already playing sport, it gives them another chance to practice the fundamental skills needed on a sports field.

Kelly Sports is successful because kids just think it is fun – they do not realise how much they are learning at the same time

WHEN: Wednesday
COMMENCING: 15/02/2012
CONCLUDING: 04/04/2012
TIME: 2:55 – 3:55PM
YEAR LEVELS: 0 – 4
MEETING PLACE: Outside area
 1 & 2 (in hall if wet)



If you'd like information about our
JANUARY HOLIDAY PROGRAMME

Please phone 427 9377 or email
 karen@kellysports.co.nz

WINZ APPROVED
 Held at Red Beach, Orewa Primary &
 Stanmore Bay School Halls

Player of the Day Trophies awarded each week

NEW PAYMENT OPTION AVAILABLE

4 payments option - \$20 payments made four times over the term

COST: \$75 for 8-week programme. Early bird rate of \$70 if received before 10/02/2012

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

Kelly Sports Rodney, PO BOX 107, Orewa 0946 **Internet Banking:** 06-0529-0769637-00

(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: **OREWA NORTH SCHOOL** Year Level: _____
 Name: _____ Room Number: _____
 Address: _____ Post Code: _____
 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 Rodney from any liability for injury incurred by my child at Kelly Sports programmes

Please tick this box if you do NOT want your child photographed. Photos may be used for marketing purposes.

Parent/Caregiver Name: _____ Parent/Caregiver Signature: _____

Payment Option (please circle): 1 payment \$75 4 payments \$ 20 Dates paid on: _____

Payment by: internet /cheque /cash (please circle) Date (s) Paid (if internet): _____