



# OREWA PRIMARY SCHOOL

**ON TUESDAYS 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:** Tuesday  
**COMMENCING:** 14/02/2012  
**CONCLUDING:** 03/04/2012  
**TIME:** 3:05 – 4:05PM  
**YEAR LEVELS:** 0 – 4  
**MEETING PLACE:** On the courts by the hall (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 PRIMARY 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): \_\_\_\_\_