



**STELLA MARIS SCHOOL**  
**ON FRIDAYS AFTER SCHOOL**

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

**www.kellysports.co.nz**

**WINTER SPORTS BLITZ**

Have a go at all of these sports, plus lots of fun modified games:

**Hockey—Rippa Rugby—Basketball—Football—Netball**

Children grouped according to age and skill level

Encourages children to join sports clubs by helping them gain confidence.

For children already playing sport, it gives them another chance to practice fundamental skills.

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

**Player of the Day Trophies awarded each week**

**STARTS WEEK 2 OF TERM**

**WHEN:** Friday  
**COMMENCING:** 10/08/2011  
**CONCLUDING:** 30/09/2011  
**TIME:** 2:55 – 3:55 PM  
**YEAR LEVELS:** 1 – 4  
**MEETING PLACE:**  
By the fields



If you'd like information about our

**JULY HOLIDAY PROGRAMME**

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

**NEW PAYMENT OPTIONS AVAILABLE**

Weekly option - \$10 a week  
3 payments option - \$25 payments made three times over the term

Discounts available  
Held at Red Beach, Orewa Primary & Stanmore Bay School Halls

**COST: \$75 for 8-week programme.** Early bird rate of \$70 if received before 31/07/2011

**DISCOUNTS:** Early bird family rate is \$65 per child

**Receive a free Kelly Sports t-shirt at the end of the year if you enrol in 3 out of 4 terms in 2011**

**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**

School: **STELLA MARIS 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

Parent/Caregiver Name: \_\_\_\_\_ Parent/Caregiver Signature: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ by internet /cheque /cash (please circle) Date Paid (if internet): \_\_\_\_\_