



# STONEFIELDS SCHOOL

**ON WEDNESDAYS AFTER SCHOOL**

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

## NEW 6 – WEEK PROGRAMME ONLY \$50!! SUPER SUMMER SPORTS

Children get to try a new sport every week

**Touch – Athletics – Basketball – Football – Cricket – Baseball**

Children grouped according to age and skill level

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

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

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

### NEW PAYMENT OPTION AVAILABLE

3 payments option - \$20 payments made three times over the term

#### STARTS WEEK 2 OF TERM

**WHEN:** Wednesday  
**COMMENCING:** 02/11/2011  
**CONCLUDING:** 07/12/2011  
**TIME:** 3:10 – 4:10PM

Children can go to Kelly Club from 3pm to 3:30pm at no additional cost

**YEAR LEVELS:** 0 – 4  
**MEETING PLACE:** Astro turf

### If you'd like information about our OCTOBER HOLIDAY PROGRAMME

Please phone 09 427 9377 or email karen@kellysports.co.nz

**WINZ APPROVED**  
 Held at Stonefields School Hall

**COST: Special Term 4 price, \$50**

**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: **STONEFIELDS 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 and amount: 1 payment \$ \_\_\_\_\_ 3 payments \$ \_\_\_\_\_ Dates paid on: \_\_\_\_\_

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