



WHANGAPARAOA SCHOOL

ON MONDAYS & WEDNESDAYS AFTER SCHOOL

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

MEGA MULTISPORT FUNDAMENTALS

YEARS 0 – 4, MONDAYS

Touch – Athletics – Basketball – Football – Cricket – Hockey

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

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

ADVANCED SUMMER SPORTS

YEARS 3 – 6, WEDNESDAYS

Touch – Athletics – Basketball – Football – Cricket – Hockey

In our exciting new programme children will further develop their sporting skills and learn strategies that can be applied in many sports.

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

This is a great opportunity for children to give all the above sports a go and see which they would like to focus on this year.

COMMENCING: 13/02/2012 **CONCLUDING:** 02/04/2012 **TIME:** 3:10 – 4:10PM **MEETING PLACE:** By the PE shed

Player of the Day Trophies awarded each week

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

NEW PAYMENT OPTION AVAILABLE

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

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)

KELLY SPORTS ENROLMENT FORM – TERM 1, 2012

MEGA MULTISPORT FUNDAMENTALS (Years 0 – 4)

ADVANCED SUMMER SPORTS (Years 3 – 6)

School: **WHANGAPARAOA 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): _____