

KELLY



www.kellysports.co.nz

SPORTS

AT BAYSWATER SCHOOL

Jeremy Brown - Kelly Sports Takapuna/Devonport Manager

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www.kellysports.co.nz/Takapuna.asp

WHEN: Tuesdays
COMMENCING: 01/11/2011
CONCLUDING: 06/12/2011
TIME: 3:10pm - 4:10pm
YEAR LEVELS: 0 to 4



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KELLY SPORTS BIRTHDAY PARTIES!

For more information
call Jeremy on

027 278 4254/09 443 0254

or email

jeremyb@kellysports.co.nz

MULTISPORT MADNESS

**FOOTBALL – HOCKEY - ATHLETICS
TOUCH RUGBY – CRICKET – BASKETBALL/NETBALL
6 SPORTS OVER 6 WEEKS!**

**Sessions also include our famous Kelly Sports
modified games *your children will love....***

- Designed specifically so children can experience a range of sports.
- Children grouped according to their age and skill level.
- Helps them develop their kicking, throwing, catching, striking, jumping and running skills through a variety of sports.
- For those children who haven't joined a club before it gives them the confidence to give sport a go and find out what sport they love!
- For children already playing sport it gives them an extra chance to improve their skills for the winter and summer seasons.

PLAYER OF THE DAY MEDAL AWARDED EVERY SESSION

FREE KELLYSPORTS T-SHIRT

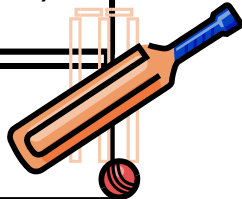
Receive a free Kelly Sports t-shirt at the end of the year if you enrol in three out of four terms in 2011



COST: ONLY \$50 for 6-week programme

IF WET WEATHER PERMITS THE SESSIONS WILL BE CONDUCTED IN THE HALL

MEETING PLACE: Outside the hall



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

Kelly Sports Takapuna/Devonport, P.O. Box 301041, Albany, 0752

Internet Banking: 01-0194-0334251-00 (please include your child's first & last name as reference)

Enrolment forms will not be processed without payment. Do not leave enrolment forms at the school office.

KELLY SPORTS ENROLMENT FORM

MULTISPORT MADNESS

School: **BAYSWATER SCHOOL** Year Level: _____ D.O.B. _____

Name: _____ Room Number: _____

Address: _____

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 Takapuna from any liability for injury incurred by my child at Kelly Sports programmes

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

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

Please tick if you do not want your child photographed

