

# KELLY



www.kellysports.co.nz

# SPORTS

## AT BELMONT SCHOOL

Jeremy Brown - Kelly Sports Takapuna/Devonport Manager

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[www.kellysports.co.nz/locations/takapuna-devonport](http://www.kellysports.co.nz/locations/takapuna-devonport)

**WHEN:** Wednesdays  
**COMMENCING:** 08/2/2012  
**CONCLUDING:** 14/3/2012  
**TIME:** 3:10pm - 4:10pm  
**YEAR LEVELS:** 0 to 4

KELLY  
SPORTS



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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](mailto: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**

### ASK ABOUT OUR BRAND NEW KELLY SPORTS BOUNCY CASTLE NOW FOR HIRE!!

**COST: ONLY \$55 for 6-week programme** (\$50 Early Bird if paid before 07/2/2012)

IF WET WEATHER PERMITS THE SESSIONS WILL BE POSTPONED TILL LATER IN THE TERM

**MEETING PLACE:** Junior Quad

**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: **BELMONT 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

