



SUMMER SPORTS PROGRAMME

AT MATUA SCHOOL ON WEDNESDAYS

SUMMER SPORTS PROGRAMME TOUCH RUGBY - SOCCER - T-BALL - ATHLETICS - CRICKET

A 6 week summer sports programme covering all of the above sports. Each session includes skills, drills and small exciting games each week.

Designed specifically so children can experience a range of sports. Great for those children yet to join a club as it gives them a go at all sports. And for those already playing sport, it gives them an extra chance to improve their skills.

Helps children develop their kicking, passing, catching, striking, jumping and running skills through a variety of sports.

PLAYER OF THE DAY AWARDED EVERY SESSION!!!

Details

WHEN: Wednesday
TIME: 3:10PM - 4:10PM
VENUE: Greenpark School
PLACE: The field
AGES: Years 0-4

COMMENCING: 2/11/2011
CONCLUDING: 7/12/2011

Only
\$45

KELLY SPORTS ALSO OFFER HOLIDAY PROGRAMMES, BIRTHDAY PARTIES AND SCHOOL SPORTS DAYS

For more info check out

www.kellysports.co.nz or email tauranga@kellysports.co.nz

To enrol, please fill out the enrolment form & send with payment to: Kelly Sports Tauranga, 533A Devonport, Tauranga or call Jo 0210728218 Mobile, 5781449 Hm. For Internet Banking: M and J Tael Limited 01 0434 0346711 00 (please include your child's name as a reference). Please do not leave forms at school office. If weather is inclement, please call the school cancellation line after 1:30pm. The session will be in the school hall.

KELLY SPORTS ENROLMENT FORM

SUMMER SPORTS PROGRAMME

School: MATUA SCHOOL

Year Level: _____

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

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

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