

# KELLY



www.kellysports.co.nz

# SPORTS

## AT FITZROY SCHOOL ON WEDNESDAYS AFTER SCHOOL

Kelvin McDowell & Bridget Power, Kelly Sports NP  
Managers

Phone: 06 7552560 or kelvin@kellysports.co.nz

**WHEN:** Wednesdays  
**COMMENCING:** 08/02/2012  
**CONCLUDING:** 28/03/2012  
**TIME:** 3:00 PM – 4:00 PM  
**YEAR LEVELS:** 1 – 4



We also have Kelly  
Sports School Holiday  
Programmes  
06 7552560 or email  
kelvin@kellysports.co.nz

Both weeks of the school holidays  
Morning or full day sessions  
Held at Francis Douglas

### MIGHTY MULTISPORT

**SOCCER - CRICKET - TOUCH -  
ATHLETICS – SMALL & LARGE BALL SKILLS**

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

**RUN THE GAUNTLET - MONSTERS - DODGEBALL - MADNESS - RAPIDFIRE -  
RELAY RACES AND MUCH MORE. STARTS WEEK TWO OF TERM 1 2012**

- Designed specifically so children can experience a range of sports.
- Helps them develop their kicking, throwing, catching, striking, jumping and running skills through a variety of sports.
- Children grouped according to their age and skill level.
- For those children who haven't joined a club before it gives them the confidence to give sport a go – 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.

**CERTIFICATES AWARDED AT THE END OF THE TERM**

**Join up with your friends and develop your skills in a  
fun and exciting sporting environment!**

**COST:** \$70 for 8-week programme

**VENUE:** FITZROY SCHOOL **MEETING PLACE:** School Field

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

Kelly Sports New Plymouth, PO BOX 3392, Fitzroy, New Plymouth

**Internet Banking:** ANZ 010707-0185811-00 (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

#### MIGHTY MULTISPORTS

School: FITZROY 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 New Plymouth 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): \_\_\_\_\_