

KELLY



www.kellysports.co.nz

SPORTS

AT ST JOHN BOSCO SCHOOL

ON TUESDAYS AFTER SCHOOL

Kelvin McDowell & Bridget Power, Kelly Sports NP

WHEN: Tuesdays
COMMENCING: 07/02/2012
CONCLUDING: 27/03/2012
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: ST JOHN BOSCO 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: ST JOHN BOSCO 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): _____