





## **EMALI CHILD CARE CENTRE** Winzor Street SALISBURY

Kelly Sports runs programmes to teach children the fundamentals of sport. This 11 WEEK program is all inclusive with high participation. Our key aims are to develop and enhance the following skills - running, jumping, catching, throwing, passing, kicking and striking:

The Fundamental Skills Program includes:

- Motor Skill Development - Balance and Hand- Eye Cordination - Introduction to a variety of sports -Soccer, Basketball, Handball and more.

**Thursday** WHEN:

4<sup>th</sup> February 2016 **COMMENCING:** 14<sup>th</sup> April 2016 **CONCLUDING:** 9.30am - 10.00am TIME: COST: \$7.00 per session

\$77 (to enrol online go to <a href="https://www.kellysports.com.au">www.kellysports.com.au</a> and search for your centre) COST:

**Emali Child Care Centre Salisbury VENUE:** 



## ONLINE ENROLMENT

www.kellysports.com.au

To enrol, visit www.kellysports.com.au or fill out the enrolment form below and send it with a cheque to Twin Sports Pty Ltd T/As Kelly Sports Adelaide Metro to PO BOX 91 Brighton SA 5048

Internet Banking: BSB 035 045 A/C No 342581

## **ENROLMENT FORM**

| Centre:                |                                |                                                                                          | Age:                                  |  |
|------------------------|--------------------------------|------------------------------------------------------------------------------------------|---------------------------------------|--|
| Name:                  |                                |                                                                                          |                                       |  |
| Address:               |                                |                                                                                          | Post Code:                            |  |
| Phone:                 |                                | Mobile/Work:                                                                             |                                       |  |
| Email:                 |                                |                                                                                          |                                       |  |
|                        | : I hereby authorise Kelly Spo | rts to act on my behalf should my child i<br>from any liability for injury incurred by i | equire medical attention, and release |  |
| Parent/Caregiver name: |                                | Signa                                                                                    | ture:                                 |  |
| Amount Paid: \$        |                                | by Cash / Cheque / Internet tr                                                           | ansfer (date)                         |  |
|                        |                                |                                                                                          |                                       |  |