KELLY SPORTS
LIFE LONG LOVE OF SPORTS

St Therese School

SIZZLING SUMMER SPORTS

WHEN: Tuesday

COMMENCING: 9/2/2016

CONCLUDING: 22/3/2016

TIME: 3:30 PM – 4:45 PM

YEAR LEVELS: R – 2

NOW 75 MINUTE SESSIONS

- Start the new school term by enrolling in this fantastic Kelly Sports programme. Join up with your friends and develop your skills in a fun and exciting sporting environment.
  - The **SIZZLING SUMMER SPORTS** programme includes:

    CRICKET   ATHLETICS

    TEE BALL   HOCKEY

- The **SIZZLING SUMMER SPORTS** programme allows your child to experience fun, energetic and highly active multi-sports sessions
- Our modified sports games provide lots of fun while skills are being developed.
- **Kelly Sports is a Registered Child Care provider**. Child Care Rebates Available
- Sessions include individual skills, pair skills and modified games with an emphasis on learning while having fun.

COST: $85

VENUE: St Therese School   **Meeting Place** : School Courtvard

ON LINE REGISTRATION : **www.kellysports.com.au**

Or fill out the enrolment form & **send** with a cheque or pay by Internet banking with details to:
Twin Sports Pty Ltd T/As Kelly Sports Adelaide Metro PO BOX 91 Brighton SA 5048

Internet Banking: BSB 035-045 A/c No 342581 (please include your child's first & last name as a reference)
Please **do not** leave enrolment forms at the school office.

ENROLMENT FORM

School: St Therese………………………………………………………....…………… **Year Level:** …………………….

Name: …………………………………………………………………………….. **Room No:** ………………….

Address: …………………………………………………………...………………… **Post Code:** ………………….

Phone: (Home) ……………………………………. **(Mobile/Work)** ………………………………………

Email: …………………………………………………………………… **Medical Conditions:** ………………………….

At the completion of the Kelly Sports 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 Adelaide Metro South, 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):**

ENQUIRE ABOUT A KELLY SPORTS BIRTHDAY PARTY NOW!!!