KELLY SPORTS ADELAIDE METRO
PO BOX 91, BRIGHTON, SA, 5048
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PRINCE ALFRED COLLEGE JUNIOR SCHOOL

SIZZLING SUMMER SPORTS

WHEN: WEDNESDAY
COMMENCING: 17/2/16
CONCLUDING: 30/3/16
TIME: 3:00 PM – 3:45 PM
YEAR LEVELS: **Reception**

The SIZZLING SUMMER MULTI SPORTS programme allows your child to play a range of dynamic and active programmes; these include **CRICKET, ATHLETICS, HOCKEY, TEE BALL**

This programme will not only provide an essential base for your child's motor skills but help build awareness and co-ordination all in an enjoyable environment.

SIZZLING SUMMER SPORTS

WHEN WEDNESDAY
COMMENCING: 17/2/16
CONCLUDING: 30/3/16
TIME: 3:30 PM - 4:30 PM
YEAR LEVELS: **1 and 2**

The SIZZLING SUMMER MULTI SPORTS programme allows your child to play a range of dynamic and active programs; these include **CRICKET, ATHLETICS, HOCKEY AND TEE BALL**

This programme will not only provide an essential base for your child's motor skills but help build awareness and co-ordination all in an enjoyable environment.

COST: $75.00 for reception clinic OR $85.00 for year 1 and 2 clinic
VENUE: PRINCE ALFRED COLLEGE JUNIOR SCHOOL MEETING PLACE: JUNIOR PRIMARY PLAYGROUND

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.

(Reception) ☐ **(Year 1 and 2)** ☐

School: PRINCE ALFRED COLLEGE JUNIOR SCHOOL **Year Level:** ……

Name: …… **Room No:** ……

Address: …… **Post Code:** ……

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, 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 FOR YOUR CHILD