Kelly Sports Berwick & Pakenham
P.O. Box 2055, Fountain Gate 3805
T Darren 0402 224 116
F (03) 8692 6539
E darren@kellysports.com.au
W www.kellysports.com.au

Term 2

RANGEBANK PRIMARY

AWESOME AUTUMN SPORTS!

DON'T MISS OUT THIS AUTUMN! Autumn Sports allows your child to play a range of dynamic and active sports over the 9 week program; these include **footy, soccer, netball, basketball & crazy games!** This **multi-sport program** will not only provide an essential base for your child's motor skills, but will also help build confidence and co-ordination, all in an enjoyable environment.

TEAM PLAYER OF THE DAY TROPHY AWARDED EACH SESSION

WHEN:	THURSDAYS
COMMENCING:	23/04/15 – 18/06/15
PERIOD:	9 Weeks ($90)
TIME:	3:25pm – 4:25pm
YEAR LEVELS:	P – 4

GYM FUN!

GET MOVING WITH GYMNASTICS THIS AUTUMN! This fast paced, highly active & non-stop program is an introduction for your child to the world of gymnastics. **Colourful ribbons, entertaining hula hoops, fantastic rhythmical routines, group dynamics & balance fundamentals,** allows your child to build a thirst for energetic activities.

WHEN:	WEDNESDAYS
COMMENCING:	22/04/15 – 17/06/15
PERIOD:	9 Weeks ($90)
TIME:	Lunch Time
YEAR LEVELS:	P – 6

COST: **$10 per week** ($90 in total based on 9 x $10 sessions)
VENUE: RANGEBANK PRIMARY

Please do not leave enrolment from with the school office *KELLY SPORTS IS A REGISTERED CHILD CARE PROVIDER*

ONLINE ENROLMENT
www.kellysports.com.au

To **enrol**, please visit www.kellysports.com.au or fill out the below enrolment form & **send** with a cheque or credit card details to: PO BOX 2055, Fountain Gate VIC 3805, or **scan to: darren@kellysports.com.au** or **fax** to 8692 6539. **Internet Direct credit available** BSB: 083-214 Acct No: 15-985-2563 Acct Name: Kelly Sports Berwick

ENROLMENT FORM

☐ **SPORTS!** (After School) ☐ **GYM FUN!** (Lunch Time)

School: RANGEBANK PRIMARY _____ Year Level: _____

Name: _____ Room No: _____

Address: _____ Post Code: _____

Phone: _____ 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 Berwick from any liability for injury incurred by my child at Kelly Sports programmes.

Parent/Caregiver name: _____ Signature: _____

Amount Paid: $_____ Internet Transfer: ☐ Credit card payment: ☐ (online surcharge applies) Cheque: ☐ Cash: ☐

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date: ☐☐/☐☐

Winner: 2013 Cardinia Franchisee of the year! **Winner: 2013 Casey Home Based Business!**