P.O. BOX 71, MOONEE VALE, VIC, 3055

T (03) 9384 2204 F (03) 9384 2205

E info@kellysports.com.au

HURRY UP AND ENROL!

ST SCHOLASTICA'S PS

BASKETBALL, CRICKET & SOCCER

Early Bird rate $9.50 / week, if you enrol by Friday 26th Sept.

We provide a range of dynamic activities over our 10 week program. 3 weeks each of Basketball and "World Cup" Cricket and 4 weeks of Soccer. Our talented qualified and enthusiastic coaches will have your children kicking goals or hitting 4s in no time, developing skills in passing, dribbling, heading and of course kicking or hitting or bowling their team to glory.

This program 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. Boys & Girls of all abilities welcome.

Our modified sports games provide lots of fun while skills are being developed.

WHEN: Tuesday

COMMENCING: 7 October '14**

CONCLUDING: 16 December '14

TIME: 3.35pm – 4.35pm

YEAR LEVELS: P – 4

**No session on the Cup Day (4th Nov)

COST: **$100. Enrol online** – go to www.kellysports.com.au
Early bird rate of **$95, if you enrol online by Friday 26th September.**

VENUE: **At School.** *Meet at soccer pitch.*

ONLINE ENROLMENT

www.kellysports.com.au

To enrol, please visit **www.kellysports.com.au** or fill out the enrolment form below & send with a cheque or credit card details or pay by internet banking: **ANZ Bsb 013 030 A/c 4936 95452** (use child's first, last name as reference) Mail to: **PO BOX 71, Moonee Vale, VIC 3055**. Email **info@kellysports.com.au** **Do not** leave enrolment forms at the school office.

ENROLMENT FORM

☐ **Basketball, "World Cup" Cricket & Soccer** (After school)

School: **St Scholastica's PS** _____ Year Level: _____

Name: _____ Room No: _____

Address: _____ Post Code: _____

Phone: _____ Mobile/Work: _____

Email: _____ Medical Conditions / Special Needs: _____

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 Burwood from any liability for injury incurred by my child at Kelly Sports programmes.

☐ **I authorise the use by Kelly Sports of any photographs or video image of my child or legal charge for any reasonable purpose.**

Parent/Caregiver name: _____ Signature: _____

Amount Paid: $ _____ Credit card payment: ☐ **Visa** ☐ **Mastercard** **CVV** ☐☐☐

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