

**HURRY  
UP AND  
ENROL!**

# COATESVILLE PS

## BASKETBALL, CRICKET & SOCCER



We provide a range of dynamic activities over our 7 week program. 3 weeks each of Basketball and Soccer plus "World Cup" Cricket. 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:** Thursday

**COMMENCING:** 12 February '15

**CONCLUDING:** 26 March '15

**TIME:** 3.35pm – 4.35pm

**YEAR LEVELS:** 1 – 4

**COST:** \$70. Enrol online – go to [www.kellysports.com.au](http://www.kellysports.com.au)

**VENUE:** At School. Meet at the outside Stage.



**ONLINE  
ENROLMENT**  
[www.kellysports.com.au](http://www.kellysports.com.au)

To enrol, please visit [www.kellysports.com.au](http://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](mailto:info@kellysports.com.au)  
**Do not** leave enrolment forms at the school office.

## ENROLMENT FORM

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

School: **Coatesville 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 Dingley 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:   /