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!

KINGSWOOD PS

CALISTHENICS !

Experience this unique blend of sport and artistry at your own school. We offer Calisthenics as a sporting option with Calisthenics Victoria qualified coaches delivering high quality programs.

Calisthenics combines the elements of dance and movement including gymnastics, ballet, modern dance, apparatus (rods and flags). Learn routines choreographed to music, so that you can present these routines in front of an audience. Calisthenics encourages physical development, coordination, self-discipline and team spirit.

WHEN: Tuesday
COMMENCING: 10 February '15
CONCLUDING: 24 March '15
TIME: 1 – 1.50pm
YEAR LEVELS: 1 – 6

WORLD CUP CRICKET & SOCCER

LOVE THE WORLD CUP LOOK, NO FURTHER The journey to stardom begins here at the Kelly Sports 7 week World Cup Cricket and 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.

WHEN: Friday
COMMENCING: 13 February '15
CONCLUDING: 27 March '15
TIME: 3.35pm – 4.35pm
YEAR LEVELS: 1 – 4

COST: $70 each. Enrol online – go to www.kellysports.com.au

VENUE: At School. Calisthenics: *Hall* Cricket /Soccer: *Meet under the verandah outside the office.*

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

☐ **Calisthenics** (Lunch time) ☐ **World Cup Cricket and Soccer** (After School)

School: **Kingswood 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: ☐☐/☐☐