

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

F (03) 9384 2205

T (03) 9384 2204

E info@kellysports.com.au



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

## ST ANDREW'S PS

## SENSATIONAL SPRING SPORTS



We provide a range of dynamic activities during our 10 week program including Basketball or Netball, "World Cup" Soccer and Cricket, Hockey or T-Ball. 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 program is a fantastic way for your child to develop key sporting skills essential for all sports. It will inspire children to give sport a go as they develop their catching, throwing, kicking, striking, running and jumping skills. Our modified sports games provide lots of fun while skills are being developed.

WHEN: Monday

**COMMENCING:** 6 October '14\*\*

**CONCLUDING:** 15 December '14

TIME: 3.20pm - 4.20pm

YEAR LEVELS: P-4

\*\*No session on the Cup Day weekend (3<sup>rd</sup> Nov)

COST: \$100. Enrol online – go to www.kellysports.com.au

Early bird rate of \$95, if you enrol online by Friday 26<sup>th</sup> September.

VENUE: At School. Meet near artificial playing surface.



To enrol, please visit <a href="www.kellysports.com.au">www.kellysports.com.au</a> 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**

	Sensational Spring Sports (After sch	1001)			
School:	St Andrew's PS			Year Level:	
Name:				Room No:	
Address:				Post Code:	
Phone:		Mobile/Work:			
Email:		Medical Conditions / S	pecial Needs:		
At the co	mpletion 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					
_	lity for injury incurred by my child at Kelly Sports				
I authorise the use by Kelly Sports of any photographs or video image of my child or legal charge for any reasonable purpose.					
Parent/C	aregiver name:		Signature:		_
Amount F	Paid: \$	Credit card payment:	└ Visa └ Mas	tercard CVV	
Card Nu	mber:			Expiry Date:	