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 ONLINE!

ST PETER'S PS, East Bentleigh

CHEERLEADING

Experience this unique blend of sport and fitness at your own school. **Our CHEERLEADING sessions will give children coaching in the exciting aspects of Cheerleading, including tumbling, stunting, basic gym floor moves, dance and jumps.** Participants develop an appreciation for music, dance /movement, acting, strength, flexibility and performance skills. **All coaches are certified. This program also encourages physical development, coordination, self-discipline and team spirit.**

WHEN: Tuesday
COMMENCING: 14 July '15
CONCLUDING: 15 Sept '15
TIME: 11am – 11.40am
YEAR LEVELS: P – 6

WICKED WINTER SPORTS

We provide a range of dynamic activities over **10 weeks.** The program includes plenty of **Aussie Rules Footy and Soccer, plus Basketball or Netball, Hockey or T-Ball. Boys & Girls of all abilities welcome.** Our program 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: Tuesday
COMMENCING: 14 July '15
CONCLUDING: 15 Sept '15
TIME: 3.30pm – 4.30pm
YEAR LEVELS: P – 4

COST: **$100** (for 10 weeks) **each. Enrol online** – go to **www.kellysports.com.au**

VENUE: **At School. Cheerleading:** *Hall* **Sports:** *Meet at Casey playground (behind the hall).*

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

☐ **Cheerleading** (First break) ☐ **Wicked Winter Sports** (After School)

School: **St Peter's PS, East Bent**_____ 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: ☐☐/☐☐