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!

# SUSSEX HEIGHTS ps

## BASKETBALL, FOOTY & SOCCER

We provide a range of dynamic activities during our **10 week program including 3 weeks of Basketball and Soccer plus AFL Footy.** 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:** Friday

**COMMENCING:** 17 April '15

**CONCLUDING:** 19 June '15

**TIME:** 3.35pm – 4.35pm

**YEAR LEVELS:** P – 4

**COST:** **$100** ($10 p/wk). **Enrol online** – go to www.kellysports.com.au

**VENUE:** **At School.** *Meet on basketball court near the oval.*

**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, Footy & Soccer** (After school)

School: **Sussex Heights 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: ☐☐/☐☐