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!

ST MARK'S PS

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

CALISTHENICS !

Experience this unique blend of sport and artistry at your own school. We offer Calisthenics as a sporting option in partnership with Calisthenics Victoria, providing their qualified coaches to deliver 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: Thursday
COMMENCING: 9 October '14
CONCLUDING: 11 December '14
TIME: 1.20pm – 2pm
YEAR LEVELS: P – 6

WORLD CUP SOCCER

LOVE THE WORLD CUP LOOK NO FURTHER The journey to stardom begins here at the Kelly Sports 10 week World Cup Soccer. Our talented qualified and enthusiastic coaches will have your children kicking goals in no time, developing skills in passing, dribbling, heading and of course kicking their team to glory.

WHEN: Friday
COMMENCING: 10 October '14
CONCLUDING: 12 December '14
TIME: 3.35pm – 4.35pm
YEAR LEVELS: P – 4

COST: **$100 each. Enrol online** – go to **www.kellysports.com.au**
Early bird rate of **$95, if you enrol online by Friday 26th September.**

VENUE: **At School. Calisthenics:** *Hall* **Soccer:** *Meet next to the Prep area.*

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 Soccer** (After School)

School: **St Mark's 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: ☐☐/☐☐