KELLY SPORTS
LIFE LONG LOVE OF SPORTS

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TERM 2 2017

BOROONDARA PARK P.S

SUPER SOCCER

SOCCER CRAZY? Join me a former professional at Southampton Football club in the premier league and currently the captain of Heidelberg United in the NPL for lunchtime soccer training, I will be working on all the skills required to become a better soccer player. First touch, passing, dribbling, shooting are just a few aspects we will be learning and putting them into match play. Limited spaces so hurry up and enrol!

WHEN:	Friday
COMMENCING:	28/4/17
CONCLUDING:	30/6/17
TIME:	1.00pm – 1.50pm
YEAR LEVELS:	P – 4
COST:	$120

BASKETBALL

TRY OUT YOUR BASKETBALL SKILLS! This program provides an environment where children of all abilities can experience personal achievement in terms of competence, enhanced self-esteem, social co-operation, maximum participation and skill development. This is achieved through developed programs consisting of warm up games, skill activities and modified game play.

WHEN:	Thursday
COMMENCING:	27/4/17
CONCLUDING:	29/6/17
TIME:	1.00pm – 1.50pm
YEAR LEVELS:	P – 4
COST:	$120

AWESOME AUTUMN SPORTS

FOOTBALL - DODGEBALL – HOCKEY – CRAZY GAMES - BASKETBALL

This program is a great way to challenge and improve your child's motor skills and coordination within a FUN environment. We aim to develop and enhance ball skills, catching, kicking, throwing, co-operative skills and teamwork while improving strength, flexibility, hand-eye co-ordination and spatial awareness. The program offers an introduction to 5 popular sports over the course of 9 weeks.

WHEN:	Monday
COMMENCING:	24/4/17
CONCLUDING:	26/3/17
TIME:	3.35pm – 4.35pm
YEAR LEVELS:	P – 4
COST:	$108

SIMPLY GO TO WWW.KELLYSPORTS.COM.AU ENTER YOUR POST CODE AND ENROL FROM THERE. OR FILL OUT THE BELOW ENROLMENT FORM & SEND WITH CREDIT CARDS DETAILS TO:
PO BOX 4040, AUBURN SOUTH, 3122

ENROLMENT FORM

☐ **Super Soccer** (lunch time) ☐ **Basketball** (lunch time) ☐ **Awesome Autumn Sports** (after school)

School: _____ Year/Class: _____

Name: _____ Birthday: _____

Address: _____ Post Code: _____

Phone: _____ Mobile: _____

Email: _____ Medical Conditions: _____

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 Camberwell from any liability for injury incurred by my child at Kelly Sports programs.

Parent/Caregiver name: _____ Signature: _____

Amount Paid: $ _____ Credit card payment: ☐ **Visa** ☐ **Master card**

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date: ☐☐/☐☐ CVV: ☐☐☐

THINGS TO KNOW

Kelly Sports is a Registered Child Care provider
Don't leave forms at the School Office
Spaces are limited so please make sure you enrol online or return form to Kelly Sports.