



# WESLEY COLLEGE

**WHEN:** Wednesday  
**COMMENCING:** 3/5/17  
**CONCLUDING:** 21/6/17  
**TIME:** 3.30pm – 4.30pm  
**YEAR LEVELS:** 2-4  
**COST:** \$96

## ACTIVE AUTUMN SPORTS


Basketball – Footy – Hockey – Crazy games

Get active with Kelly Sports this term. Active Autumn Sports dynamic and active programs run throughout the term; sports covered include hockey, basketball, footy and crazy games. This program will not only provide an essential base for your child's motor skills but help build awareness, co-ordination and friendship all in an enjoyable environment.

**WHEN:** Tuesday  
**COMMENCING:** 2/5/17  
**CONCLUDING:** 20/6/17  
**TIME:** 3.40pm – 4.40pm  
**YEAR LEVELS:** P-1  
**COST:** \$96

## FOOTY

Have fun learning how to play AFL Footy with your friends in the Kelly Sports Footy Clinic. Learn all the basic skills required to play the game in a safe and challenging environment. Learn how to play like your heroes and have lots of fun learning all the skills in the game of Footy.



**ONLINE ENROLMENT**  
[www.kellysports.com.au](http://www.kellysports.com.au)

To enrol, please visit [www.kellysports.com.au](http://www.kellysports.com.au) and search via your postcode and then your school.  
 OR  
 Complete the enrolment form below and return to your coach

## ENROLMENT FORM

Active Autumn Sports     Footy

School: \_\_\_\_\_ Year Level: \_\_\_\_\_

Name: \_\_\_\_\_ Room No: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile/Work: \_\_\_\_\_

Email: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_

At the completion of after school clinics, does your child?     Go to after care     Get collected

I hereby authorise Kelly Sports to act on my behalf should my child require medical attention, and release Kelly Sports Blackburn 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     Master card

Card Number:                 Expiry Date:   /   CVV: