P.O. Box 5185, Pinewood, 3149
T 0437 076 897
E gary@kellysports.com.au

Get in quick to join the fun!

VERMONT PRIMARY SCHOOL

MULTI SPORT FUN YRS 2- 4

Soccer – Basketball – Crazy games – Polo Hockey

Get active with Kelly Sports this term. Kelly Sports' dynamic and active programs run throughout the term; sports covered as above. 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. All sessions are run in the STADIUM.

WHEN: Wednesday
COMMENCING: 7/2/18
CONCLUDING: 28/3/18
TIME: 1.10pm – 2.10pm
YEAR LEVELS: 2 – 4
COST: $96

MULTI SPORT FUN YEAR 1 ONLY

Soccer – Basketball – Crazy games – Polo Hockey

DESCRIPTION OF ACTVITIES AS ABOVE

WHEN: Thursday
COMMENCING: 8/2/18
CONCLUDING: 29/3/18
TIME: 1.10pm – 2.10pm
YEAR LEVELS: YEAR 1
COST: $96

DANCE

Our Specialized dance coaches can get your child's hips swinging, feet rocking and heads bumping to all of the modern music contemporary hits. Sign up fast as places are limited for our program and let our coaches beat, ignite your child's feet!

WHEN: Tuesday
COMMENCING: 6/2/18
CONCLUDING: 27/3/18
TIME: 1.10 – 2.10pm
YEAR LEVELS: P – 4
COST: $96

NEW IMPROVED ONLINE BOOKING SYSTEM!!!
SIMPLY GO TO WWW.KELLYSPORTS.COM.AU ENTER YOUR SCHOOL NAME AND ENROL
OR
FILL OUT THE ENROLMENT FORM BELOW & SEND WITH A CHEQUE OR CREDIT CARD DETAILS TO:
PO BOX 5185, PINEWOOD 3149

☐ **Multi Sport Fun 2-4** ☐ **Multi Sport Fun year 1** ☐ **Dance**

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 Templestowe 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: ☐☐☐