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## ASHBURTON PRIMARY SCHOOL

### SIZZLING SPRING SPORTS

#### CRICKET – HOCKEY - TENNIS

As the weather warms up join us for a great program to develop, challenge and improve your child's motor and coordination skills. Our experienced coaches aim to develop and enhance the wide range of sporting skills of your child, including catching, throwing and hitting. While also improving strength, flexibility, hand-eye co-ordination, spatial awareness, co-operative skills and teamwork, all within a **FUN** and very **SAFE** environment.



**WHEN:** Wednesday  
**COMMENCING:** 12<sup>th</sup> October  
**CONCLUDING:** 14<sup>th</sup> December  
**TIME:** 3.40pm – 4.40pm  
**YEAR LEVELS:** Prep – Gr. 4  
**COST:** \$110

#### DANCE

Over 10 weeks students will have the opportunity to move, groove, spin and bop to the sound of the beats alongside our very experienced dance instructors. You will have a fantastic time learning the new moves in our high intensity, excitement-filled dance classes.



**WHEN:** Thursday  
**COMMENCING:** 13<sup>th</sup> October  
**CONCLUDING:** 15<sup>th</sup> December  
**TIME:** 1.00pm – 1.50pm  
**YEAR LEVELS:** Prep – Gr. 4  
**COST:** \$110

**GET IN QUICK TO BOOK YOUR PLACE FOR TERM 4**  
**\$110 FOR 10 WEEK PROGRAM**

### BOOK VIA OUR ONLINE BOOKING SYSTEM

SIMPLY GO TO [WWW.KELLYSPORTS.COM.AU](http://WWW.KELLYSPORTS.COM.AU) ENTER YOUR POST CODE AND ENROL FROM THERE. OR  
FILL OUT THE ENROLMENT FORM BELOW AND SEND WITH A CHEQUE OR CREDIT CARDS DETAILS TO:

PO BOX 345, ASHBURTON 3147

PAYMENT OPTIONS MAY BE AVAILABLE

## ENROLMENT FORM

☐ Sizzling Spring Sports

☐ 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

**Parents' consent: I hereby authorise Kelly Sports to act on my behalf should my child require medical attention, and release Kelly Sports 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:

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

#### 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.