



## A young boy with dark hair, wearing a yellow t-shirt, is shown in profile, looking up at a soccer ball balanced on his head. The soccer ball is white with green and yellow panels. The background is a solid blue color. The entire image is framed by a thick orange border.

**SOCCER – AFL – BASKETBALL – TEE BALL – TEAM GAMES**

This program is a fantastic way to 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, kicking, throwing and Striking. 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:** Tuesday  
**COMMENCING:** 19/07/16  
**CONCLUDING:** 13/09/16  
**TIME:** 3.35pm – 4.35pm  
**YEAR LEVELS:** P – 4  
**COST:** \$99



Experience this unique blend of sport and artistry at your own school. 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:** Friday  
**COMMENCING:** 22/07/16  
**CONCLUDING:** 9/09/16  
**TIME:** 1.40pm – 2.30pm  
**YEAR LEVELS:** P – 4  
**COST:** \$88



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 325, ASHBURTON 3147  
PAYMENT OPTIONS AVAILABLE

## Wacky Winter Sports

 Calisthenics

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:

## THINGS TO KNOW

**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.