

# @ HUNTINGDALE PRIMARY SCHOOL

### TERM 2- DANCE & AWESOME AUTUMN SPORTS

Kelly Sports is Australia's #1 provider of sports coaching for primary school students. For more than 15 years our programs have helped provide children the capability and confidence to develop a life long love of sports.

#### Aussie Rules Football - Basketball - Soccer - T-Ball

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, and throwing, along with the benefits of playing team sports, all within a FUN and very SAFE environment.

#### Term 2 Dance -Hip Hop

Dance in Term 2 continues with Hip Hop- students will have the opportunity to move, groove, spin and bop to the sound of some hip hop favourite tunes, alongside our very experience dance instructor. You will have a fantastic time learning the new moves in our high intensity excitement-filled environment.

WHEN: Monday
COMMENCING: 23<sup>rd</sup> Apr.
CONCLUDING: 25<sup>th</sup> June
TIME: 3.40pm – 4.40pm

YEAR LEVELS: Prep – Gr. 6
COST: \$108 (9 weeks)

No session Mon. 11th June

WHEN: Monday
COMMENCING: 23<sup>rd</sup> Apr<sup>il.</sup>
CONCLUDING: 25<sup>th</sup> June
TIME: Lunchtime

Lunchtime (1:45pm – 2.30pm)

YEAR LEVELS: Prep – Gr. 6
COST: \$108 (9 weeks)



#### **BOOK VIA OUR ONLINE BOOKING SYSTEM**

SIMPLY GO TO <u>www.kellysports.com.au</u> Enter Your School's 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**

Awesome Autumn Sports	Dance- Hip Hop	
School:		Year Level:
Name:		Room No:
Address:		Post Code:
Phone:	Mobile/Work:	Child DOB:
Email:	Medical Conditions:	
At the completion of after school clinics, does your child?	Go to after care Get c	ollected
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:	i
Amount Paid: \$	Credit card payment: Visa	Master card
Card Number:		Expiry Date: CVV: CVV:
Cardholder Name:	Signature:	·