

**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.**

### Awesome Autumn Sports

Join our Kelly Sports program 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.

#### TUESDAY = Aussie Rules- Basketball – Soccer – T-Ball



#### WEDNESDAY = Aussie Rules - Basketball – Soccer – Hockey



*No session 25<sup>th</sup> April*

**WHEN:** **Tuesday**  
**COMMENCING:** 24<sup>th</sup> April  
**CONCLUDING:** 26<sup>th</sup> June  
**TIME:** 3.40pm – 4.40pm  
**YEAR LEVELS:** Prep – Gr. 6  
**COST:** \$120 (10 weeks)

**WHEN:** **Wednesday**  
**COMMENCING:** 2<sup>nd</sup> May  
**CONCLUDING:** 27<sup>th</sup> June  
**TIME:** 3.40pm – 4.40pm  
**YEAR LEVELS:** Prep – Gr. 6  
**COST:** \$108 (9 weeks)

### BOOK VIA OUR ONLINE BOOKING SYSTEM

SIMPLY GO TO [WWW.KELLYSPORTS.COM.AU](http://WWW.KELLYSPORTS.COM.AU) 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- Tuesday**

☐ **Awesome Autumn Sports- Wednesday**

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

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

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

Phone: \_\_\_\_\_ Mobile/Work: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

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.