



## SYNDAL SOUTH PRIMARY SCHOOL



### AWESOME AUTUMN SPORTS

Experience all the skills **AWESOME AUTUMN SPORTS** has to offer with 10 weeks of Activities and Games. Let the Kelly Sports team teach your child how to play like your world Sporting Heroes in **FOOTBALL, SOCCER, HOCKEY & BASKETBALL/NETBALL**. 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 and safe environment

**WHEN:** Friday  
**COMMENCING:** 24/04/15  
**CONCLUDING:** 26/06/15  
**TIME:** 3.40pm – 4.40pm  
**YEAR LEVELS:** P – 4  
**COST:** \$100



### GYM CLUB

**BEND YOUR WAY TO GYM CLUB THIS TERM!** This fast paced, highly active and nonstop program is an introduction for your child to the world of gymnastic. Colourful Ribbons, Entertaining Hula Hoops, Fantastic Rhythmical Routines and Group Dynamics allow your child to build up their thirst for energetic activities

**WHEN:** Friday  
**COMMENCING:** 24/04/15  
**CONCLUDING:** 26/06/15  
**TIME:** 1.40pm – 2.30pm  
**YEAR LEVELS:** P – 4  
**COST:** \$100

**GET IN QUICK FOR TERM 2 AS PLACES FILLING FAST**  
**\$100 FOR 10 WEEK PROGRAM**



### NEW IMPROVED 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 BELOW ENROLMENT FOR & SEND WITH A CHEQUE OR CREDIT CARDS DETAILS TO:

PO BOX 71, MOONEE VALE, 3055  
PAYMENT OPTIONS AVAILABLE!

## ENROLMENT FORM

☐ **Awesome Autumn Sports**

☐ **Gym Club**

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 Knox-Waverley 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

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.