

12 Metropolitan Drive, Eaglehawk VIC M 0438 198 031 E brett@kellysports.com.au

W www.kellysports.com.au

# **FOLLOW US**

**ONLINE** 

#### You Tuhe

Wednesday

White Hills PS

WHEN:

TIME:

COST:

WHERE:

## **MEGA MULTI-SPORTS**

WHITE HILLS PRIMARY SCHOOL

SOCCER - BASKETBALL -- FOOTY - NETBALL -- STREET HOCKEY

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. While also improving strength, flexibility, hand-eye co-ordination, spatial awareness, co-operative skills and teamwork, all within a FUN and very SAFF environment.



### CIRCUS & GYMNASTICS

Twist, flip & leap into an exciting Circus & Gymnastics program with Kelly Sports! This fast-paced, highly active program is a fantastic introduction to the wonderful world of circus & gymnastics tricks! Colourful ribbons, hula hoops, spinning plates, juggling scarves, diablos, sits, supports, jumps & landings will be sure to improve balance, co-ordination, muscle strength & group dynamics all in a FUN, EXCITING & SAFE environment!

COMMENCING:	Undercover basketball courts 25/04/18	
CONCLUDING:	27/06/18	
DURATION:	10 weeks	
TIME:	3:40pm - 4:40pm	
YEAR LEVELS:	P – 4	
COST:	\$120	
WHEN:	Thursday	
WHERE:	White Hills PS she	ec
COMMENCING:	26/04/18	
CONCLUDING:	28/06/18	
DURATION:	10 weeks	

1:40pm - 2:25pm YEAR LEVELS: P-6 \$100

#### **GET IN QUICK FOR TERM 2 AS PLACES ARE FILLING FAST!!**

\*\*EARLY BIRD SPECIAL OFFER\*\* If you enrol your child in any program before Sunday 22<sup>nd</sup> April you'll receive 1 session FREE!!

#### **NEW & IMPROVED ONLINE BOOKING SYSTEM!!**

SIMPLY GO TO WWW.KELLYSPORTS.COM.AU ENTER YOUR POSTCODE AND ENROL FROM THERE OR FILL OUT THE BELOW ENROLMENT FORM & SEND WITH A CHEQUE OR CREDIT CARD DETAILS TO: **12 METROPOLITAN DRIVE, EAGLEHAWK VIC 3556** PAYMENT OPTIONS AVALIABLE!

# **ENROLMENT FORM**

School:       Year Level:       DOB:	Mega Multi Sports	Circus & Gymnastics			
Address:       Post Code:         Phone:       Mobile/Work:         Email:       Medical Conditions:         Emergency Contact:       Phone:         Relationship:       Relationship:         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 Bendigo 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:       Credit card payment:       Visa	School:		Year Level: DOB:		
Phone:       Mobile/Work:         Email:       Medical Conditions:         Emergency Contact:       Phone:       Relationship:         At the completion of after school clinics, does your child?       Go to after care       Get collected       Photo consent         Parents' consent:       I hereby authorise Kelly Sports to act on my behalf should my child require medical attention, and release Kelly Sports Bendigo 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:       Image: Cvv:       Image: Cvv:       Image: Cvv:       Image: Cvv:	Name:		Room No:		
Email:       Medical Conditions:         Emergency Contact:       Phone:       Relationship:         At the completion of after school clinics, does your child?       Go to after care       Get collected       Photo consent         Parents' consent:       I hereby authorise Kelly Sports to act on my behalf should my child require medical attention, and release Kelly Sports Bendigo from any liability for injury incurred by my child at Kelly Sports programs.         Parent/Caregiver name:       Signature:	Address:		Post Code:		
Emergency Contact: Phone: Relationship:   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 Bendigo from any liability for injury incurred by my child at Kelly Sports programs.   Parent/Caregiver name:    Parent/Caregiver name: Signature:   Amount Paid:     Credit card payment:    Visa Master card    Credit card payment:	Phone:	Mobile/Work:			
At the completion of after school clinics, does your child? Go to after care Get collected Photo consent Parents' consent: I hereby authorise Kelly Sports to act on my behalf should my child require medical attention, and release Kelly Sports Bendigo from any liability for injury incurred by my child at Kelly Sports programs. Parent/Caregiver name:	Email:	Medical Conditions:			
Parents' consent: I hereby authorise Kelly Sports to act on my behalf should my child require medical attention, and release Kelly Sports Bendigo from any liability for injury incurred by my child at Kelly Sports programs.         Parent/Caregiver name:	Emergency Contact:	_ Phone: Relations	hip:		
Kelly Sports Bendigo from any liability for injury incurred by my child at Kelly Sports programs.         Parent/Caregiver name:	At the completion of after school clinics, does your child?	Go to after care Get collected	Photo consent		
Amount Paid: \$ Credit card payment: Visa Master card Card Number: Card Number: CVV: CVV: CVV: CVV: CVV: CVV: CVV: CV					
Card Number:	Parent/Caregiver name:	Signature:			
THINGS TO KNOW	Amount Paid: \$	Credit card payment: Visa Mas	ter card		
	Card Number:				
Don't leave forms at the School Office Spaces are limited so please make sure you enrol online or return form to Kelly Sports					