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## 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 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 – CRICKET – TENNIS – BASKETBALL**

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 SAFE environment.

**WHEN:** Thursday  
**WHERE:** Quarry Hill PS Astro  
Turf/basketball courts  
**COMMENCING:** 025/10/18  
**CONCLUDING:** 13/12/18  
**DURATION:** 8 weeks  
**TIME:** 3:40pm – 4:40pm  
**YEAR LEVELS:** P – 6  
**COST:** \$112 inc GST

**\*\*EARLY BIRD SPECIAL OFFER\*\* If you enrol your child in any program before Sunday 21<sup>st</sup> October you'll receive 1 session FREE!!**



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

SIMPLY GO TO [WWW.KELLYSPORTS.COM.AU](http://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 AVAILABLE!

# ENROLMENT FORM

☐ Mega Multi Sports

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

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

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

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:                 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