

# St AGATHA'S CATHOLIC



## AWESOME AUTUMN SPORTS!

**DON'T MISS OUT THIS AUTUMN!** Autumn Sports allows your child to play a range of dynamic and active sports over the 8 week program; these include **footy, soccer, netball, basketball & crazy games!** This **multi-sport program** will not only provide an essential base for your child's motor skills, but will also help build confidence and co-ordination, all in an enjoyable environment.

*TEAM PLAYER OF THE DAY TROPHY AWARDED EACH SESSION*

**WHEN:**  
**COMMENCING:**  
**EXCLUDING:**  
**PERIOD:**  
**TIME:**  
**YEAR LEVELS:**

**MONDAYS**  
18/04/16 – 20/06/16  
25/04 & 13/06  
8 WEEKS (\$80)  
3:40pm – 4:40pm  
P – 4



## HIP HOP HEROES

Over 9 weeks students will have the opportunity to **move, groove, spin and bop** to the sound of hip hop beats alongside our friendly dance instructor. Our Hip Hop classes are high energy, rhythmic and electric. The dance is based on sharp strong movements and the class helps build rhythm, confidence and social skills in a friendly environment.

**WHEN:**  
**COMMENCING:**  
**PERIOD:**  
**TIME:**  
**YEAR LEVELS:**

**TUESDAYS**  
19/04/16 – 14/06/16  
9 WEEKS (\$90)  
Lunchtime  
P – 6

**COST:** \$10 per week (\$80 based on 8 x \$10 sessions sports & 9 x \$10 Hip Hop)  
**VENUE:** St Agathas Catholic

Please do not leave enrolment from with the school office

KELLY SPORTS IS A REGISTERED CHILD CARE PROVIDER



**ONLINE ENROLMENT**  
[www.kellysports.com.au](http://www.kellysports.com.au)

To enrol, please visit [www.kellysports.com.au](http://www.kellysports.com.au) or fill out the below enrolment form & send with a cheque or credit card details to: PO BOX 2055, Fountain Gate VIC 3805, or scan to: [darren@kellysports.com.au](mailto:darren@kellysports.com.au) or fax to 8692 6539.  
**Internet Direct credit available** BSB: 083-214 Acct No: 15-985-2563 Acct Name: Kelly Sports Berwick

## ENROLMENT FORM

☐ Awesome Autumn Sports!

☐ Hip Hop Heroes!

School: St Agathas Catholic \_\_\_\_\_ 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 Berwick from any liability for injury incurred by my child at Kelly Sports programmes.

Parent/Caregiver name: \_\_\_\_\_ Signature: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Internet Transfer: ☐ Credit card payment: ☐ (online surcharge applies) Cheque: ☐ Cash: ☐

Card Number:                 Expiry Date:   /