



TEAM PLAYER OF THE DAY TROPHY AWARDED EACH SESSION

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

**WEDNESDAYS**  
08/02/17-29/03/17  
8 Weeks  
3:35pm – 4:35pm  
P – 4



**GET MOVING WITH GYMNASTICS THIS SUMMER!** This fast paced, highly active & non-stop program is an introduction for your child to the world of gymnastics. **Colourful ribbons, entertaining hula hoops, fantastic rhythmical routines, group dynamics & balance fundamentals**, allows your child to build a thirst for energetic activities.

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

**WEDNESDAYS**  
08/02/17 – 29/03/17  
8 Weeks  
Lunch Time  
P – 6

**COST:** \$10 per week (\$80 in total based on 8 x \$10 sessions)

**VENUE:** TIMBARRA PRIMARY

**Please do not leave enrolment from with the school office**

KELLY SPORTS IS A REGISTERED CHILD CARE PROVIDER



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

☐ **Sports!** (After School)

☐ **GYM FUN!** (Lunch Time)

School: TIMBARRA PRIMARY

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

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

Phone: \_\_\_\_\_ Mobile/Work: \_\_\_\_\_

Email: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_

(Please note that afterschool care will not accept children after the completion of the afterschool Kelly Sports sessions, our apologies).

**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:   /

