

HILLSMEADE



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 9 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:
PERIOD:
TIME:
YEAR LEVELS:
WEDNESDAYS

21/04/15 – 16/06/15

9 WEEKS (\$90)

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:
WEDNESDAYS

21/04/15 – 16/06/15

9 WEEKS (\$90)

LUNCHTIME

P – 4

COST:
\$10 per week (\$90 based on 9 x \$10 sessions)
VENUE:
HILLSMEADE
Please do not leave enrolment form with the school office
KELLY SPORTS IS A REGISTERED CHILD CARE PROVIDER


ONLINE ENROLMENT

www.kellysports.com.au

To **enrol**, please visit 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** 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: HILLSMEADE 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: /