

## TERM 3 BERWICK CHASE



### WICKED WINTER SPORTS!

**DON'T MISS OUT THIS WINTER!** Winter Sports allows your child to play a range of dynamic and active sports over the 9 week program; these include **hockey, 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**  
23/07/14 – 17/09/14  
9 Weeks (\$90)  
3:35pm – 4:35pm  
P – 4



### GYM FUN!

**GET MOVING WITH GYMNASTICS THIS WINTER!** 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:**  
**PERIOD:**  
**TIME:**  
**YEAR LEVELS:**

**WEDNESDAYS**  
23/07/14 – 17/09/14  
9 Weeks (\$90)  
Lunchtime  
P – 6

**COST:** \$10 per week ( \$90 based on 9 x \$10 sessions )

**VENUE:** BERWICK CHASE PRIMARY

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) search 'postcode'

To enrol, please visit [www.kellysports.com.au](http://www.kellysports.com.au) search '3806' 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

☐ Wicked Winter Sports!

☐ Gym Fun!

School: BERWICK CHASE PRIMARY \_\_\_\_\_ 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: \$ \_\_\_\_\_ Credit card payment: ☐ (1.32% surcharge) Internet Transfer: ☐ Cheque: ☐ Cash: ☐

Card Number:                 Expiry Date:   /