



ONLY
\$10.00
per week!



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.

WHEN:
COMMENCING:
PERIOD:
TIME:
YEAR LEVELS:

MONDAYS
18/07/16 – 12/09/16
9 Weeks (\$90)
3:35pm – 4:35pm
P – 4



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:

MONDAYS
18/07/16 – 12/09/16
9 Weeks (\$90)
Lunchtime
P – 6

Please do not leave enrolment form with the school office

KELLY SPORTS IS A REGISTERED CHILD CARE PROVIDER



www.kellysports.com.au search 'postcode'

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

☐ Wicked Winter Sports! ☐ GYM FUN!

School: BERWICK LODGE 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: ☐ (online surcharge applies) Internet Transfer: ☐ Cheque: ☐ Cash: ☐

Card Number: Expiry Date: /



Winner: 2013 Cardinia Franchisee of the year!



Winner: 2013/15 Casey Home Based Business