

Kelly Sports Berwick & Pakenham

P.O. Box 2055, Fountain Gate 3805

- T Darren 0402 224 116
- F (03) 8692 6539
- E darren@kellysports.com.au
- W www.kellysports.com.au



GOODSTART EARLY LEARNING NARRE WARREN POUND RD NORTH



TERM: WHEN: DATES: PERIOD: TIME:

YEAR LEVELS:

TERM 3 - 2015 THURSDAYS16/07/15 - 17/09/15
10 WEEKS
10AM - 11AM

WICKED WINTER SPORTS!

Kelly Sports runs programs to teach children the fundamentals of sport. This **10 week** program is all-inclusive with high participation. Our key aims are to develop and enhance the following skills – **running**, **jumping**, **catching**, **throwing**, **passing**, **kicking** and **striking**.

The Fundamental Skills Program includes:

- Motor Skill Development
- Balance and Hand- Eye Cordination
- Introduction to a variety of sports (Soccer, Basketball, Cricket, Tennis & more)
- Gymnastics
- The Kelly Sports programs are hugely successful with young children all over Australia.
- The program is not only a fantastic way for your child to develop key sporting skills essential for all sports, but also great for their confidence and social skills.
- Our modified sports games provide lots of fun while skills are being developed.

TERM COST: \$7 per week (based on 10x30min sessions - \$70)

VENUE: GOODSTART EARLY LEARNING – NARRE WARREN POUND ROAD NORTH



Kinder

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

Centre:	GOODSTART EARLY LEARNING – NARRE WARREN POUND ROAD NORTH	Room:
Name:		D.O.B:
Address:		Post Code:
Phone:	Mobile/Work:	
Email:	Medical Conditions:	
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/C	aregiver name: Signature:	
Amount I	Paid: \$ Internet Transfer: Credit card payment: (online surcharge applies	Cheque: Cash:
Card Nu	mber:	Date:



