



## SUMMER HOLIDAY PROGRAM



Sports orientated holiday program designed to emphasise fun, enjoyment, confidence and skills with maximum participation. Children require a packed lunch, drink bottle & hat. Quiet, restful activities also provided.

Suitable for both GIRLS and BOYS Kelly Sports is a registered childcare provider.

**VENUE:** Berwick Chase Primary School GYM, 51 Bridgewater Blvd Berwick, enter via Viewgrand Dr.

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

**JANUARY 2015**  
Monday 12<sup>th</sup> Jan  
Friday 23<sup>rd</sup> Jan  
8:30am – 4:30pm  
All ages

Mon 12 <sup>th</sup> 8.30am-4.30pm	CRICKET	Soccer	Football	Netball	Dance
Tue 13 <sup>th</sup> 8.30am-4.30pm	Basketball	GYM	Hockey	Football	Touch Rugby
Wed 14 <sup>th</sup> 8.30am-4.30pm	TENNIS	Hip Hop	Soccer	Basketball	CRICKET
Thu 15 <sup>th</sup> 8.30am-4.30pm	Soccer	Tennis	Volleyball	Dance	Basketball
Fri 16 <sup>th</sup> 8.30am-4.30pm	Basketball	tBall	Football	TENNIS	CRICKET

WEEK 1

Mon 19 <sup>th</sup> 8.30am-4.30pm	Soccer	Basketball	Hip Hop	Hockey	TENNIS
Tue 20 <sup>th</sup> 8.30am-4.30pm	Basketball	CRICKET	Hockey	Football	Touch Rugby
Wed 21 <sup>st</sup> 8.30am-4.30pm	Volleyball	Hip Hop	Soccer	Netball	Tennis
Thu 22 <sup>nd</sup> 8.30am-4.30pm	Soccer	Athletics	GYM	Football	Basketball
Fri 23 <sup>rd</sup> 8.30am-4.30pm	tBall	CRICKET	Football	GYM	Soccer

WEEK 2

**ONLINE ENROLMENT**  
www.kellysports.com.au

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 03 8692 6539.  
Internet Direct credit available BSB: 083-214 Acct No: 15-985-2563  
Acct Name: Kelly Sports Berwick

### ENROLMENT FORM

W1: Mon 12<sup>th</sup> ☐ Tue 13<sup>th</sup> ☐ Wed 14<sup>th</sup> ☐ Thu 15<sup>th</sup> ☐ Fri 16<sup>th</sup> ☐

W2: Mon 19<sup>th</sup> ☐ Tue 20<sup>th</sup> ☐ Wed 21<sup>st</sup> ☐ Thu 22<sup>nd</sup> ☐ Fri 23<sup>rd</sup> ☐

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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/Caregiver name: \_\_\_\_\_ Signature: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Card: ☐☐☐☐ ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Exp ☐☐ / ☐☐ (online surcharge applies) Internet Transfer: ☐ Cash: ☐ Cheque: ☐