

SATURDAY MINI KELLY SPORTS



SPORTS

3 – 5 YEAR OLDS

DON'T MISS OUT THIS SPRING! Spring Sports allows your child to play a range of dynamic and active sports over the 9 week program; these include **cricket, tennis, soccer, 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.

PARENT PARTICIPATION ENCOURAGED

WHEN:

COMMENCING:

PERIOD:

TIME 1:

TIME 2:

TIME 3:

SATURDAYS

17/10/15 – 12/12/15

9 Weeks (\$90)

09:20am – 10:05am

10:10am – 10:55am

11:00am – 11:45am



DANCE/MOVEMENT

3 – 5 YEAR OLDS

This 9 week program is all inclusive with high participation. Our key aims are to develop and enhance the following skills – **dancing, jumping, singing, hand-eye coordination and balance** Our fantastic Kelly Sports Dance teacher will get your child's hips swinging, heads bumping, feet rocking & bodies shaking! Our dance program will build rhythm and confidence whilst having fun!

WHEN:

COMMENCING:

PERIOD:

TIME 1:

SATURDAYS

17/10/15 – 12/12/15

9 Weeks (\$90)

10:00am – 10:45am

COST:

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

VENUE:

BERWICK FIELDS PRIMARY SCHOOL GYM

35 GWENDOLINE DRIVE BERWICK



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

Sports Session: ☐ 9:20am ☐ 10:10am ☐ 11:00am

Dance Movement: ☐ 10:00am

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: \$ 90 Cash: ☐ Cheque: ☐ Credit card: ☐ (online surcharge applies) Internet Transfer: ☐

Card Number: Expiry Date: /