

P.O. BOX 71, MOONEE VALE, VIC, 3055

T (03) 9384 2204

F (03) 9384 2205

E info@kellysports.com.au



## **ASHBURTON PS**

## **CALISTHENICS!**

Experience this unique blend of sport and artistry at your own school. We offer Calisthenics as a sporting option with Calisthenics Victoria qualified coaches delivering a high quality 10 week program.

Calisthenics combines the elements of dance and movement including gymnastics, ballet, modern dance, apparatus (rods and flags). Learn routines choreographed to music, so that you can present these routines in front of an audience. Calisthenics encourages physical development, coordination, self-discipline and team spirit.

**Thursday** WHEN:

**COMMENCING: 23 April '15** 

CONCLUDING: 25 June '15

TIME: 1pm - 1.50pm

YEAR LEVELS: P-6

## KETBALL. FOOTY & SOCCER



We provide a range of dynamic activities over 10 weeks. 3 weeks each of Basketball and Soccer plus AFL Footy and Netball. Boys & Girls of all abilities welcome.

Our talented qualified and enthusiastic coaches will have your children kicking and shooting goals, developing skills in passing, dribbling, heading and helping their team to glory.

WHEN: **Tuesday** 

**COMMENCING: 21 April '15** 

CONCLUDING: 23 June '15

3.35pm - 4.35pmTIME:

YEAR LEVELS: P-4

COST: \$100 (\$10 p/wk) each. Enrol online - go to www.kellysports.com.au

VENUE: At School. Calisthenics: Hall Basketball, Footy & Soccer: Meet at the Rotunda.



To enrol, please visit **www.kellysports.com.au** or fill out the enrolment form below & send with a cheque or credit card details or pay by internet banking: ANZ Bsb 013 030 A/c 4936 95452 (use child's first, last name as reference) Mail to: PO BOX 71, Moonee Vale, VIC 3055. Email info@kellysports.com.au Do not leave enrolment forms at the school office.

## ENROLMENT FORM

Calisthenics (Lunch time)	Basketball, Footy & Soccer	Basketball, Footy & Soccer (After School)	
School: Ashburton PS		Year Level:	
Name:		Room No:	
Address:		Post Code:	
Phone:	Mobile/Work:		
Email:	Medical Conditions / Special Needs:		
At the completion of after school clinics, does your child?	Go to after care Get collected	d	
Parents' consent			
I hereby authorise Kelly Sports to act on my behalf sho		release Kelly Sports Burwood from	
any liability for injury incurred by my child at Kelly Spo			
☐ I authorise the use by Kelly Sports of any photogra	aphs or video image of my child or legal cha	rge for any reasonable purpose.	
Parent/Caregiver name:	Signature:		
Amount Paid: \$	Credit card payment:	Mastercard CVV	
Card Number:		Expiry Date:	