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# **AMSLEIGH PARK PRIMARY SCHOOL**



## **SPRING INTO SPORTS**

Have fun in the sun this term! Spring into Sports dynamic and active programs run over 10 weeks; these include: **Soccer, Hockey, Basketball, Cricket and Team games**. This Program will not only provide an essential base for your child's motor skills but help build awareness, co-ordination and friendship all in an enjoyable environment.

| WHEN:              | Tuesday         |
|--------------------|-----------------|
| <b>COMMENCING:</b> | 13/10/15        |
| CONCLUDING:        | 15/12/15        |
| TIME:              | 3.35pm – 4.35pm |
| YEAR LEVELS:       | P – 4           |
| COST:              | \$100           |



### CALISTHENICS

**Experience this unique blend of sport and artistry at your own school.** 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

| WHEN:<br>COMMENCING:<br>CONCLUDING: |                 |
|-------------------------------------|-----------------|
| TIME:                               | 1.40pm – 2.30pm |
| YEAR LEVELS:                        | P – 4           |
| COST:                               | \$100           |

#### GET IN QUICK FOR TERM 4 AS PLACES FILLING FAST \$100 for 10 Week Program



NEW IMPROVED ONLINE BOOKING SYSTEM!!! SIMPLY GO TO <u>WWW.KELLYSPORTS.COM.AU</u> ENTER YOUR POST CODE AND ENROL FROM THERE. OR FILL OUT THE BELOW ENROLMENT FOR & SEND WITH A CHEQUE OR CREDIT CARDS DETAILS TO: PO BOX 71, MOONEE VALE, 3055 PAYMENT OPTIONS AVALIABLE!

#### **ENROLMENT FORM**

| Spring into Sports  | Calisthenics  |                              |
|---|---|------------------------------|
| School:   |   | Year Level:                  |
| Name:   |   | Room No:                     |
| Address:  |   | Post Code:                   |
| Phone:  | Mobile/Work:  |                              |
| Email:  | Medical Conditions:   |                              |
| At the completion of after school clinics, does your of                         | hild? Go to after care Get  | collected                    |
| Parents' consent: I hereby authorise Kelly Spor<br>Kelly Sports Knox-Waverley f | ts to act on my behalf should my child red<br>rom any liability for injury incurred by my |                              |
| Parent/Caregiver name:  | Signatu   | re:                          |
| Amount Paid: \$   | Credit card payment: Vis  | a Master card                |
| Card Number:  |   | Expiry Date:                 |
|   | THINGS TO KNOW<br>Kelly Sports is a Registered Child Care p                               | provider                     |
|   | Don't leave forms at the School Offi  |                              |
| Spaces are limi   | ted so please make sure you enrol online or   | return form to Kelly Sports. |