


**HURRY  
UP AND  
ENROL  
ONLINE!**

# 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.

**WHEN:** Thursday

**COMMENCING:** 23 April '15

**CONCLUDING:** 25 June '15

**TIME:** 1pm – 1.50pm

**YEAR LEVELS:** P – 6

## FOOTY, SOCCER & T-BALL



We provide a range of dynamic activities over 10 weeks.

4 weeks each of AFL Footy and Soccer plus T-Ball.

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, striking and helping their team to glory.

**WHEN:** Tuesday

**COMMENCING:** 21 April '15

**CONCLUDING:** 23 June '15

**TIME:** 3.35pm – 4.35pm

**YEAR LEVELS:** P – 4

**COST:** \$100 (\$10 p/wk) each. Enrol online – go to [www.kellysports.com.au](http://www.kellysports.com.au)
**VENUE:** At School. Calisthenics: *Hall* Footy, Soccer & T-Ball: *Meet at the Rotunda*.


## ONLINE ENROLMENT

[www.kellysports.com.au](http://www.kellysports.com.au)

To enrol, please visit [www.kellysports.com.au](http://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](mailto:info@kellysports.com.au)

**Do not** leave enrolment forms at the school office.

## ENROLMENT FORM

☐ **Calisthenics** (Lunch time)

☐ **AFL Footy, Soccer & T-Ball:** (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**

### Parents' consent

I hereby authorise Kelly Sports to act on my behalf should my child require medical attention, and release Kelly Sports Burwood from any liability for injury incurred by my child at Kelly Sports programmes.

☐ I authorise the use by Kelly Sports of any photographs or video image of my child or legal charge for any reasonable purpose.

Parent/Caregiver name: \_\_\_\_\_ Signature: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Credit card payment: ☐ **Visa** ☐ **Mastercard** CVV   

Card Number:                 Expiry Date:   /