

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

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## **KINGSWOOD 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 high quality programs.

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.

## **BASKETBALL, 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
TIME:	1 – 1.50pm
YEAR LEVELS:	P – 6
WHEN:	Friday
COMMENCING:	17 April '15
CONCLUDING:	19 June '15
TIME:	3.35pm – 4.35pm
YEAR LEVELS:	P – 4

HUR

UP AND ENROL ONLINE!

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

VENUE: At School. Calisthenics: Hall Basketball, Footy & Soccer: Meet under the verandah outside the office.

	o enrol, please visit <u>www.kellysports.com.au</u> or fill out the enrolment form below & end with a cheque or credit card details or pay by internet banking: .NZ Bsb 013 030 A/c 4936 95452 (use child's first, last name as reference) lail to: PO BOX 71, Moonee Vale, VIC 3055. Email info@kellysports.com.au to not leave enrolment forms at the school office.	
ENROLMENT FORM		
Calisthenics (Lunch time)	Basketball, Footy & Soccer (After School)	
Name:Address: Phone:	Year Level:	
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 Dingley 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:	
Card Number:	Expiry Date:	