

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 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.

MIGHTY MULTI SPORTS



We provide a range of dynamic activities over **9 weeks.** The program includes plenty of **Aussie Rules Footy and Soccer**, **plus Basketball and Hockey. Boys & Girls of all abilities welcome.** Our program is a fantastic way for your child to **develop key sporting skills essential for all sports**, all in an enjoyable environment. It will inspire children to give sport a go as they develop their marking / catching, throwing, kicking, striking, running and jumping skills. Our modified sports games provide lots of fun while skills are being developed.

WHEN:	Tuesday
COMMENCING:	14 July '15
CONCLUDING:	15 Sept '15
TIME:	1 – 1.50pm
YEAR LEVELS:	P – 6
WHEN:	Wednesday
WHEN: COMMENCING:	<i>,</i>
	22 July '15
COMMENCING:	22 July '15

COST: \$100 - Calisthenics (10 weeks) / \$90 - Multi sports (9 weeks). Enrol online - go to www.kellysports.com.au

VENUE: At School. Calisthenics: Hall Mighty Multi Sports: Meet under the verandah outside the office.

ONLINE ENROLMENT www.kellysports.com.au	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)	Mighty Multi Sports (After School)	
Name:	Year Level: Room No: Post Code:	
Phone: Email:	Mobile/Work: 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 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.		
	Signature:	
Amount Paid: \$	Credit card payment: Visa Mastercard CVV	