

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

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ST ANDREW'S PS

WICKED WINTER SPORTS



We provide a range of dynamic activities during over **9 weeks.** The program includes **Aussie Rules Footy, Basketball or Netball, "World Cup" Soccer, Hockey or T-Ball.** This program will not only provide an essential base for your child's motor skills but help build awareness and co-ordination, all in an enjoyable environment. Boys & Girls of all abilities welcome.

Our program is a fantastic way for your child to develop key sporting skills essential for all sports. It will inspire children to give sport a go as they develop their catching, throwing, kicking, striking, running and jumping skills. Our modified sports games provide lots of fun while skills are being developed.

WHEN:	Monday		
COMMENCING	: 21 July '14		
CONCLUDING	15 Sept '14		
TIME:	3.20pm – 4.20pm		
YEAR LEVELS: P-4			

HURRY

UP AND ENROL!

Early Bird rate \$9.50 / week, if

you enrol by Friday 11th July.

COST: \$95. Enrol online for \$90 – go to <u>www.kellysports.com.au</u> Early bird rate of \$85.50, if you enrol online by Friday 11th July.

VENUE: At School. Meet near artificial playing surface.

	ONLINE ENROLMENT www.kellysports.com.au	To enrol, please visit <u>www.kellysports.com.au</u> 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. Do not leave enrolment forms at the school office.	au				
ENROLMENT FORM							
Wicked Winter Sports (After school)							
School:	St Andrew's PS	Year Level:					
Name:							
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						
any liabi	lity for injury incurred by my child at Kelly Sports	d my child require medical attention, and release Kelly Sports Dingley from programmes. s or video image of my child or legal charge for any reasonable purpose.					
Doront/C	aregiver pame:	Signatura					

Parent/Caregiver name:		Signature:	
Amount Paid: \$	Credit card payment:	Visa	Mastercard
Card Number:			Expiry Date: