

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

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**E** info@kellysports.com.au



## ST PETER'S PS, Clayton

## **WICKED WINTER SPORTS**



We provide a range of dynamic activities over 10 weeks. The program includes Aussie Rules Footy, Basketball or Netball, 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: Wednesday

**COMMENCING: 15 July '15** 

**CONCLUDING: 16 Sept '15** 

TIME: 3.30 – 4.30pm

YEAR LEVELS: P-4

COST: \$100 (for 10 weeks). Enrol online – go to www.kellysports.com.au

**VENUE:** At School. Meet near the undercroft at back of office.



Wicked Winter Sports (After school)

To enrol, please visit <a href="www.kellysports.com.au">www.kellysports.com.au</a> 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**

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School: St Peter's PS, Clayton	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 chil	d? Go to after care Get collected
Parents' consent	
I hereby authorise Kelly Sports to act on my behalf any liability for injury incurred by my child at Kelly	should my child require medical attention, and release Kelly Sports Dingley from Sports programmes.
I authorise the use by Kelly Sports of any photographic	ographs 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: