

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

T (03) 9384 2204 F (03) 9384 2205

E info@kellysports.com.au



ST PETER'S PS, East Bentleigh

CHEERLEADING



Experience this unique blend of sport and fitness at your own school. Our CHEERLEADING sessions will give children coaching in the exciting aspects of Cheerleading, including tumbling, stunting, basic gym floor moves, dance and jumps. Participants develop an appreciation for music, dance /movement, acting, strength, flexibility and performance skills. All coaches are certified. This program also encourages physical development, coordination, self-discipline and team spirit.

BASKETBALL, CRICKET & SOCCER



We provide a range of dynamic activities over 7 weeks. 3 weeks of Basketball plus 2 weeks of "World Cup" Cricket and soccer. Boys & Girls of all abilities welcome. Our talented qualified and enthusiastic coaches will have your children kicking goals or hitting 4s in no time, developing skills in passing, dribbling, heading and of course kicking or hitting or bowling their team to glory. WHEN:TuesdayCOMMENCING:10 February '15CONCLUDING:24 March '15TIME:1.50pm - 2.30pmYEAR LEVELS:1 - 6WHEN:TuesdayCOMMENCING:10 February '15CONCLUDING:24 March '15TIME:3.30pm - 4.30pmYEAR LEVELS:1 - 4

COST: \$70 each. Enrol online - go to www.kellysports.com.au

VENUE: At School. Cheerleading: Hall Basketball, Cricket /Soccer: Meet behind the hall at Casey playground.

| ONLINE ENROLMENT www.kellysports.com.au | To enrol, please visit <u>www.kellvsports.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.au Do not leave enrolment forms at the school office. | | | | | | |
|---|---|-------------|--|--|--|--|--|
| ENROLMENT FORM | | | | | | | |
| Cheerleading (Lunch time) | Basketball, "World Cup" Cricket & Soccer (After School) | | | | | | |
| School: St Peter's PS, East Bent 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 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: | | | _ |
|------------------------|------------------------|------------|------------|-------|---|
| Amount Paid: \$ | _ Credit card payment: | Visa | Mastercard | CVV | |
| Card Number: | | | Expiry I | Date: | |