

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

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F (03) 9384 2205

E info@kellysports.com.au



ESSEX HEIGHTS 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.

Tuesday WHEN:

COMMENCING: 21 April '15

CONCLUDING: 23 June '15

1.40pm - 2.30pm TIME:

YEAR LEVELS: P-6

BRILLIANT BALLSPORTS

This program of 9 sessions over a 10 week period includes Basketball or Netball, Soccer, AFL Footy, Hockey or T-Ball. 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: 20 April '15**

CONCLUDING: 22 June '15

3.35pm - 4.35pmTIME:

YEAR LEVELS: 1-4

** No clinic on 8th June (Public holiday – Queen's Birthday Day)

COST: \$90 each. Enrol online – go to www.kellysports.com.au

VENUE: At School. Calisthenics: Hall Sports: Meet at the steps to rear oval.



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 www.kellysports.com.au Do not leave enrolment forms at the school office.

ENROLMENT FORM

Calisthenics (Lunch time) Brilliant Ballsports (After School)		chool)
School: Essex Heights 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 collecte	ed
Parents' consent		
I hereby authorise Kelly Sports to act on my behalf s any liability for injury incurred by my child at Kelly S	· · · · · · · · · · · · · · · · · · ·	d release Kelly Sports Burwood from
I authorise the use by Kelly Sports of any photogram		arge for any reasonable purpose.
Parent/Caregiver name:	Signature:	
Amount Paid: \$	Credit card payment: Visa	Mastercard CVV
Card Number:		Expiry Date: