



Shake, move and let the beat enter your feet with Kelly Sports. Our trained dance coaches can get your child's **hips swinging, heads bumping, feet rocking and bodies shaking** to all of modern contemporary music's classics. Sign up fast as places are limited and let our coaches beat ignite your child's dancing feet.

WHEN: Monday
COMMENCING: 11/4/2016
CONCLUDING: 20/6/2016
TIME: 1:10 – 2:00pm
YEAR LEVELS: P – 4

Speed, Precision, Athleticism and Fun! Our Soccer program is aimed at introducing your child to the skills and game play of this popular sport. It is designed to build and develop the motor skills balance and co – ordination used in these fast paced games. It all takes place in a fun energetic environment.

WHEN: Thursday
COMMENCING: 14/4/2016
CONCLUDING: 14/6/2016
TIME: 3:35 – 4:35pm
YEAR LEVELS: P - 4

Don't miss out on this brilliant Autumn action, with our Awesome Autumn Sports. This program allows your child to experience a fun, energetic and highly active multi-sport program over **10 lively weeks!** These include: **Basketball, Ball Skills, Soccer, AFL and Hockey.** 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.

WHEN: Tuesday
COMMENCING: 12/4/2016
CONCLUDING: 14/6/2016
TIME: 3.35pm – 4.35pm
YEAR LEVELS: P – 4

COST: \$ 120 (\$108 for Mondays, 9 weeks)
VENUE: St Mary's Primary School



To enrol, please visit <http://www.kellysports.com.au>
or fill out the below enrolment form & send with a cheque or credit
card details to:
PO BOX 71, Moonee Vale VIC 3055.
Do not leave enrolment forms at the school office.

ENROLMENT FORM

☐ Dance Fun☐ Soccer

☐ Awesome Autumn Sports

School: _____ Year Level: _____

Name: _____ Room No: _____

Address: _____ Post Code: _____

Phone: _____ Mobile/Work: _____

Email: _____ Medical Conditions: _____

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 Essendon from any liability for injury incurred by my child at Kelly Sports programmes.

Parent/Caregiver name: _____ Signature: _____

Amount Paid: \$ _____ **Direct deposit:** Bsb: 633 000 Acct: 142172618 Please quote child's surname as reference

Credit card payment: ☐ Visa ☐ Mastercard

Card Number: Expiry Date: /