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E sonya@kellysports.com.au

## ST Mary's Primary School (Ascot Vale)

## **DANCE FUN**

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.

## SOCCER AND AFL

Speed, Precision, Athleticism and Fun! Our Soccer and football program is aimed at introducing your child to the skills and game play of these popular sports. 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. Children will complete 5 weeks of each sport.

WHEN: N COMMENCING: S CONCLUDING: 1 TIME: 1 YEAR LEVELS: F

**Book early to** 

Secure your

**Place** 

Monday 5/10/2015 14/12/2015 1:10 - 2:00pm P - 4

WHEN: COMMENCING: CONCLUDING: TIME: YEAR LEVELS:

Thursday 8/10/2015 10/12/2015 3:40 - 4:40pm P - 4

## SUPER SPRING SPORTS

Don't miss out on this brilliant Spring action, with our Super Spring Sports. This program allows your child to experience a fun, energetic and highly active multi-sport program over **10 lively weeks**! These include: **Basketball, Soccer, T ball, Cricket and Crazy Games.** 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: COMMENCING: CONCLUDING: TIME: YEAR LEVELS: Tuesday 6/10/2015 15/12/2015 3.40pm – 4.40pm P – 4

COST: \$ 100 (\$90 FOR DANCE 9 WEEKS) VENUE: St Mary's Primary School

<b>N</b>	ONLINE ENR www.kellyspor		or fill out the below enro card details to: <b>PO BOX 71, Moonee V</b>	tp://www.kellysports.com.au olment form & send with a cheque or credit /ale VIC 3055. t forms at the school office.
ENROLMENT FORM				
	Dance Fun	Soccer and AFL	Super Spring S	ports
School:				Year Level:
Name:				Room No:
Address:				Post Code:
Phone:		Mobile/Work:		
Email:		Medical Cond	itions:	
At the completion c	of after school clinics, does your cl	nild? Go to aft	er care Get collec	cted
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 n	ame:		Signature:	
Amount Paid: \$ Direct deposit: Bsb: 633 000 Acct: 142172618 Please quote child's surname as reference				
Credit card paymer	nt:	Visa	Masterca	rd
Card Number:				Expiry Date: