

# SACRED HEART PRIMARY SCHOOL



## MIDYEAR CHEER

Shake your pom pom, move your feet and beat out a cheer with Kelly Sports. Our trained dance coaches will guide your child in all things cheerleading. This fun fast paced program has something for everyone. Sign up fast as places are limited and let our coaches beat ignite your child's dancing feet.

**WHEN:** Thursday  
**COMMENCING:** 20/7/2017  
**CONCLUDING:** 21/9/2017  
**TIME:** 1:00pm – 1:45pm  
**YEAR LEVELS:** P – 4



## Wild Winter Sports

Don't miss out on this brilliant Winter action, with our Wild Winter 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, Hockey, Footy and Mini 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:** Wednesday  
**COMMENCING:** 19/7/2017  
**CONCLUDING:** 20/9/2017  
**TIME:** 3:25pm – 4:25pm  
**YEAR LEVELS:** P – 4

**COST:** \$120

**VENUE:** Sacred Heart Primary School



**ONLINE ENROLMENT**  
[www.kellysports.com.au](http://www.kellysports.com.au)

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

☐ Midyear Cheer

☐ Wild Winter 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:   /