

P.O. Box 2165, Werribee 3030 T (03) 9741 9357 M 0403 344 907 E geelong@kellysports.com.au



## **BELL PARK NORTH PRIMARY SCHOOL**



## WICKED SPORTS

Escape the winter chill & jump into our 6 week program consisting of football, soccer & crazy games!!! This multi-sport program will not only provide an essential base for your child's motor skills, but will also help build confidence and co-ordination, all in a fun & enjoyable environment.

WHEN: Tuesdav COMMENCING: 12/08/2014 CONCLUDING: 16/09/2014 1:30pm - 2:10pm TIME: **YEAR LEVELS:** P-4



## DYNAMIC DANCE

Keep your kids out of the cold & let the beat enter their feet with Kelly Sports Dance. Our fantastic Kelly Sports Dance teachers will get your child's hips swinging, feet tapping & bodies shaking! From contemporary, jazz to hip-hop and pop, this program provides something for everyone!

WHEN:	Wednesday
<b>COMMENCING:</b>	13/08/2014
<b>CONCLUDING:</b>	17/09/2014
TIME:	1:30pm-2:10pm
YEAR LEVELS:	P – 4

\*\*\* COME AND TRY FIRST SESSION FREE!!! INDOOR FACILITIES AVAILABLE!!! \*\*\*

\$50 (enrol online - www.kellysports.com.au) Like us on Facebook to win a free term COST: VENUE: Bell Park North Primary School

**Kelly Sports Geelong** 



	ONLINE ENROLMENT
$\mathbf{X}$	www.kellysports.com.au

To enrol, please visit www.kellysports.com.au or fill out the below enrolment form & send with a cheque or credit card details to: PO BOX 2165, Werribee VIC 3030. Do not leave enrolment forms at the school office.

## **ENROLMENT FORM**

Wicked Sports (Tuesday) Dyna	amic Dance (Wednesday)		
School:	Year Level:		
Name:	D.O.B:		
Address:	Post Code:		
Phone: M	Nobile/Work:		
Email: M	Medical Conditions:		
At the completion of after school clinics, does your child?	Go to after care Get collected		
I hereby authorise Kelly Sports to act on my behalf should my any liability for injury incurred by my child at Kelly Sports prog	y child require medical attention, and release Kelly Sports Geelong from ograms.		
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: \$ C	Credit card payment: Visa MasterCard		
Card Number:	Expiry Date:		