

**T:** 0400609624

**E: janat@kellysports.com.au**

**$10 week**

**We do all sports**

**N not just one!**

**St Kevin’s Catholic School**

**Wicked Winter Sports**



Wicked Winter Sports allows your child to play a range of dynamic and active programs over the weeks. This Program will not only provide an essential base for your child's motor skills but will help build awareness and co-ordination all in an enjoyable environment.

The program for this term includes: **Hockey, Basketball, Soccer, Touch Rugby and Crazy Ball Games.**

The Kelly Sports after school programs are hugely successful with young children all over Australia.

The 10 week 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.

**WHEN:** Thursday’s

**COMMENCING:** 17/07/2014 (week 1)

**CONCLUDING:** 18/9/2014 (week 10)

**TIME:** 3.10pm - 4.10pm

**YEAR LEVELS:** P – 4 GIRLS/BOYS



**COST: $100** (ENROL ONLINE! [**www.kellysports.com.au**](http://www.kellysports.com.au)and search for your school)

**It’s here online enrolments !**

**To enrol**, please visit [www.kellysports.com.au](http://www.kellysports.com.au) or

fill out the enrolment form & **send** with a cheque or credit card details to:

Kelly Sports PO BOX 71, Moonee Vale, VIC, 3055.

Payment options available!

Do **not** leave enrolment forms at the school office

**VENUE: St Kevin’s Catholic School, Coach to pick up preps, 1-4 meet at Admin Office.**

**­**

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**ONLINE ENROLMENT**

**www.kellysports.com.au**

**ENROLMENT FORM**

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 Gold Coast North from any liability for injury incurred by my child at Kelly Sports programmes.**

Parent/Caregiver name: Signature:

Amount Paid: $\_\_\_\_\_

**Payment Option (please circle): 1 payment $ 3 payments $ Dates paid on:**

**Payment by: internet /cheque /cash (please circle) Date (s) Paid (if internet):**

Kelly Sports Gold Coast North **Internet Banking**: BSB 014 596 ACC 389 965 897

**(please include your child’s first & last name as a reference)**

**Kelly Sports is a Registered Child Care Provider!**

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