



Kelly Sports Hallam Valley
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KILBERRY VALLEY PRIMARY



STUNNING SUMMER SPORTS!

DON'T MISS OUT THIS SUMMER! Stunning Summer Sports allows your child to play a range of dynamic and active sports over the 9 week program; these include **Cricket, T-Ball, Soccer, Basketball & 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 an enjoyable environment.

TEAM PLAYER OF THE DAY TROPHY AWARDED EACH SESSION

WHEN:
COMMENCING:
PERIOD:
TIME:
YEAR LEVELS:

THURSDAYS
5th February 2015
9 Weeks
3.40pm – 4.40pm
P – 4



GYM FUN!!

GET MOVING WITH GYMNASTICS THIS SPRING! This fast paced, highly active & non-stop program is an introduction for your child to the world of gymnastics. **Colourful ribbons, entertaining hula hoops, fantastic rhythmical routines, group dynamics & balance fundamentals,** allows your child to build a thirst for energetic activities

WHEN:
COMMENCING:
PERIOD:
TIME:
YEAR LEVELS:

WEDNESDAYS
4th February 2015
9 Weeks
3.40pm – 4.40pm
P – 6

COST:

\$10 per week (\$90 in total based on 9 x \$10 sessions)

VENUE:

KILBERRY VALLEY PRIMARY SCHOOL

Please do not leave enrolment from with the school office

KELLY SPORTS IS A REGISTERED CHILD CARE PROVIDER



ONLINE ENROLMENT

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 332 Hampton Park, VIC 3696**, or **scan to:** **andyhoban@kellysports.com.au** or **fax** to 8786 8771. **Internet Direct credit available** BSB: 063-616 Acct No: 10-485-344 Acct Name: Kelly Sports Hallam Valley

ENROLMENT FORM

☐ **Sports! (After School)**

☐ **GYM Fun!**

School: **KILBERRY VALLEY PRIMARY SCHOOL** Year Level: _____

Name: _____ DOB: _____

Address: _____ Post Code: _____

Phone: _____ Mobile/Work: _____

Email: _____

Medical Conditions: _____

Parents' consent I hereby authorise Kelly Sports to act on my behalf should my child require medical attention, and release Kelly Sports Hallam Valley from any liability for injury incurred by my child at Kelly Sports programmes.

Parent/Caregiver name: _____

Signature: _____ Amount Paid: \$ _____

Card payment: ☐ **Visa** ☐ **Mastercard**

Exp _____