

## TERM 3 ST KEVIN'S PRIMARY SCHOOL



### WICKED WINTER SPORTS!

**DON'T MISS OUT THIS WINTER!** Winter Sports allows your child to play a range of dynamic and active sports over the 9 week program; these include **footy, soccer, hockey, 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:** WEDNESDAYS  
**COMMENCING:** 23/07/14 – 17/09/14  
**PERIOD:** 9 WEEKS  
**TIME:** 3:40pm – 4:40pm  
**YEAR LEVELS:** P – 4

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

**VENUE:** St Kevin's Primary School

*Please do not leave enrolment form with the school office*

*KELLY SPORTS IS A REGISTERED CHILD CARE PROVIDER*



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

To **enrol**, please visit [www.kellysports.com.au](http://www.kellysports.com.au), or fill out the enrolment form below & **send** with a cheque or credit card details to: PO BOX 223 Hampton Park, VIC 3976, or **scan to:** [andyhoban@kellysports.com.au](mailto: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

School: St Kevin's Primary \_\_\_\_\_ 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 Hallam Valley from any liability for injury incurred by my child at Kelly Sports programmes.

Parent/Caregiver name: \_\_\_\_\_ Signature: \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Credit card payment: ☐ Direct Credit payment: ☐ Cheque payment: ☐

Card Number:                 Expiry Date:   /