



P.O. Box 8129 Tarneit, 3029
M: 0432 522 829
E: shane@kellysports.com.au



CLIFTON HILL PS

HIP HOP HEROES

Kelly Sports dance is here for 2019 and it's time to get active with this 9 week **Hip Hop Heroes** program. Learn exciting new dance moves and put it all together into a dance routine to be performed at the end of term. Book early for this incredibly fun program!

WHEN: Thursdays

TIME: Lunchtime

YEAR LEVELS: Prep - 4

DATES: Starting 7th Feb 2019

COST: \$135 (9 weeks)

GAME ON!

This program is new to Kelly Sports in 2019! **Game On** is all about getting active and moving through general game play. Young children will develop basic motor skills by playing a variety of invasion, evasion, catching, target and striking games while having a blast with their friends.

WHEN: Thursdays

TIME: 3.15pm—4.30pm

YEAR LEVELS: Prep - 1

DATES: Starting 7th Feb 2019

COST: \$135 (9 weeks)

SIZZLING SUMMER SPORTS

Kelly Sports is back for 2019 with our **Sizzling Summer Sports** program includes Soccer, Cricket & Basketball! Learn new skills, build awareness, co-ordination and make new friends all in an enjoyable and friendly environment!

WHEN: Thursdays

TIME: 3.15pm—4.30pm

YEAR LEVELS: Grade 2 - 6

DATES: Starting 7th Feb 2019

COST: \$135 (9 weeks)

**EARLY BIRD SPECIAL OF \$126 IF ENROLLED & PAID BEFORE
MONDAY 4th FEBRUARY**

HOW TO BOOK

You can enrol at www.kellysports.com.au or alternatively you can scan and email this completed form to shane@kellysports.com.au or post to PO Box 8129, Tarneit, 3029

ENROLMENT FORM

Program Name: _____ Day: _____

Child/s Name: _____ Year Level: _____

Address: _____ Post Code: _____

Phone (Mobile/Work/Home): _____

Email: _____

Medical Conditions: _____

At the completion of after school clinics, does your child? (Please Circle) **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 from any liability for injury incurred by my child at Kelly Sports programmes.

Parent/Caregiver name: _____ Signature: _____

Amount Paid: \$ _____ Credit card payment: **Visa** **MasterCard**

Card Number: _____ / _____ Expiry Date: _____ / _____ CCV: _____

Please note that credit card payments attract a processing fee