 P.O. Box 3011, The Pines 3109

**\**

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**YARRA ROAD PRIMARY SCHOOL**

**SUPER SUMMER SPORTS**



**DONT MISS OUT ON HITTING A SIX! SUPER SUMMER SPORTS** allows your child to play a range of dynamic and active programs run over **8 weeks**, these include; **Soccer, T-Ball, Cricket and Basketball** This Program will not only provide an essential base for your child's motor skills but help build awareness, co-ordination and friendship all in an enjoyable environment

**WHEN:** Thursday

**COMMENCING:** 5/2/2015

**CONCLUDING:** 26/3/2015

**TIME:** 3.40pm – 4.40pm

**YEAR LEVELS:** P – 4



**DANCE**



**LET THE BEAT ENTER YOUR FEET!** Our specialized Dance coaches can get your child’s hips swinging, feet rocking and heads bumping to all of modern contemporary music’s classics. Sign up fast as places are limited and let our coaches beat; ignite your child’s feet

**WHEN:** Friday

**COMMENCING:** 6/2/2015

**CONCLUDING:** 27/3/2015

**TIME:** 1.00pm – 2.00pm

**YEAR LEVELS:** P – 4



**COST: $80** (– go to **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: Yarra Road Primary School**

**­**

**ONLINE ENROLMENT**

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**ENROLMENT FORM**

□ **Super Summer Sports** (After School) □ **Dance** (Lunchtime)

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 Templestowe from any liability for injury incurred by my child at Kelly Sports programmes.**

**Payment Options: Go online and pay via Direct Deposit or credit card.**

Parent/Caregiver name: Signature:

Amount Paid: $

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