

**M**: 0417 500 870

E: tim@kellysports.com.au



# **GOOD NEWS LUTHERAN**



## SUPREME SUMMER SPORTS

WHEN: Tuesday COMMENCING: 3.2.15 CONCLUDING: 24.3.15

TIME: 3.25pm - 4.25pm
YEAR LEVELS: Prep – Grade 4
COST: \$80 (8 weeks)

It's Spring so what better time to experience the skills, fun and excitement of sports such as **Soccer, Athletics, Gymnastics & Tennis!** Get your friends to join for added fun! Give your kids the competitive edge, building their motor skills, awareness, coordination and friendships all in a fun and enjoyable environment.

# Early Bird Special of \$72 if paid prior to Monday 2 February 2015

Like the 'Kelly Sports Wyndham' Facebook page to enter your child into the draw to win a term of free Kelly Sports lessons at your school.

(www.facebook.com/pages/Kelly-Sports-Wyndham/186704608020205?ref=br rs)

CHECK OUT OUR NEW AND IMPROVED ONLINE BOOKING SYSTEM
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| School: Good News Lutheran School |                  |   |   |  | _ Year Lo  | Year Level:   |  |  |
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| school                            | clinics, does yo | our child? (F   | Please Circle)  | Go to after  | care   | Get collected   |  |  |
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- Things To Know

  1. Kelly Sports is a Registered Childcare Provider. You need to email me for a receipt at the end of term.
- 2. Don't leave this form with the school or coach as it may lead to your child missing out.
- 3. Spaces are limited so please make sure either enrol online or return your form to me
- 4. It is the parents responsibility to ensure that all relevant information is filled in.
- 5. Make sure you let us know if we need to collect and drop off your child to aftercare. We are happy to do so!



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| Email:   |         |                |             |                 |              |             |                      |  |
| Medical Conditions:  |         |                |             |                 |              |             |                      |  |
| At the completion of after<br>Parents' consent: I hereb<br>release K | y autho | •              | to act on m | ny behalf shoul | d my child r | equire med  | dical attention, and |  |
| Parent/Caregiver name:   |         |                |             | Sig             | ınature:     |             |                      |  |
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