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KEW PRIMARY SCHOOL



SUPER SOCCER FUN

SOCCER CRAZY? Join me a former professional at Southampton Football club in the premier CONCLUDING: 29/3/18 league and currently the captain of Heidelberg United in the NPL for before school soccer training, I will be working on all the skills required to become a better soccer player. First touch, passing, dribbling, shooting are just a few aspects we will be learning and putting them into match play. Limited spaces so hurry up and enrol!

WHEN: Thursday **COMMENCING: 8/2/18**

TIME: 8.00am - 8.45am

YEAR LEVELS: P-6 COST: \$96



SUPER SUMMER SPORT

CRICKET - DODGEBALL - BASKETBALL - SOCCER

This program is a great way to challenge and improve your child's motor skills and coordination within a FUN environment. We aim to develop and enhance ball skills, catching, kicking, throwing, co-operative skills and teamwork while improving strength, flexibility, hand-eye co-ordination and spatial awareness. The program offers an introduction to 4 popular sports over the course of 8 weeks.

Thursday **COMMENCING:** 8/2/18 **CONCLUDING**: 29/3/18

3.35 - 4.35pm TIME:

YEAR LEVELS: P-4 COST:



FRIDAY MULTI FUN

HOCKEY - TEEBALL - CRAZY GAMES - ATHLETICS

This program is a great way to challenge and improve your child's motor skills and coordination within a FUN environment. We aim to develop and enhance ball skills, catching, kicking, throwing, co-operative skills and teamwork while improving strength, flexibility, hand-eye co-ordination and spatial awareness. The program offers an introduction to 4 popular sports over the course of 7 weeks.

WHEN: Friday **COMMENCING:** 9/2/18 CONCLUDING: 23/3/18 3.35 - 4.35pm TIME:

YEAR LEVELS: P-4 COST:



SIMPLY GO TO <u>WWW.KELLYSPORTS.COM.AU</u> ENTER YOUR POST CODE AND ENROL FROM THERE. OR FILL OUT THE BELOW ENROLMENT FORM & SEND WITH CREDIT CARDS DETAILS TO: PO BOX 4040, AUBURN SOUTH, 3122

ENROLMENT FORM

Super Soccer Fun (before school) Mult	Super Summer Sport (after school)
School:	Year/Class:
Name:	Birthday:
Address:	Post Code:
Phone:	Mobile:
Email:	Medical Conditions:
At the completion of after school clinics, does your child?	Go to after care Get collected
	ct on my behalf should my child require medical attention, and release iability for injury incurred by my child at Kelly Sports programs.
Parent/Caregiver name:	Signature:
Amount Paid: \$	Credit card payment: Visa Master card
Card Number:	THINGS TO KNOW