

P.O. Box 2289, Wattletree Road 3145

T 0466 232 844

F (03) 9384 2205

E lukebyles@kellysports.com.au



BOROONDARA PARK P.S



SOCCER SKILLS

GET A HEAD START! Join me a former professional at Southampton Football club in the premier 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: Monday COMMENCING: 20/4/15 CONCLUDING: 22/6/15

TIME: 8.00am – 8.45am

YEAR LEVELS: P-6 COST: \$100



BASKETBALL

TRY OUT YOUR BASKETBALL SKILLS! This program provides an environment where children of all abilities can experience personal achievement in terms of competence, enhanced self-esteem, social co-operation, maximum participation and skill development. This is achieved through developed programs consisting of warm up games, skill activities and modified game play.

WHEN: Monday COMMENCING: 20/4/15 CONCLUDING: 22/6/15

TIME: 1.00pm – 1.50pm

YEAR LEVELS: P-4 COST: \$100



AWESOME AUTUMN SPORTS

CRICKET - FOOTBALL - TEEBALL - DODGEBALL - CRAZY GAMES

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 5 popular sports over the course of 10 weeks.

WHEN: Monday COMMENCING: 20/4/15 CONCLUDING: 22/6/15

TIME: 3.35pm – 4.35pm

YEAR LEVELS: P-4 COST: \$100



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 A CHEQUE OR CREDIT CARDS DETAILS TO:

PO BOX 2289, WATTLETREE ROAD, 3145

ENROLMENT FORM

| Soccer Skills (before school) Basketball (I | unch time) Awesome Autumn S | Sports (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 | |
| Parents' consent: I hereby authorise Kelly Sports to act o Kelly Sports Camberwell from any liabi | n my behalf should my child require medi lity for injury incurred by my child at Kelly | |
| Parent/Caregiver name: | Signature: | |
| Amount Paid: \$ | Credit card payment: Visa M | aster card |
| Card Number: | Expir | y Date: CVV: CVV: |