

P.O. Box 4040, Auburn South 3122

T 0466 232 844

E lukebyles@kellysports.com.au



KEW PRIMARY SCHOOL



SOCCER FUN

SOCCER CRAZY? Join me a former professional at Southampton Football club in the premier COMMENCING: 27/4/17 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 **CONCLUDING:** 29/6/17

TIME: 8.00am - 8.45am

YEAR LEVELS: P-6 \$120



AWESOME AUTUMN SPORT

FOOTBALL - DODGEBALL - BASKETBALL - HOCKEY - 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: Thursday COMMENCING: 27/4/17 **CONCLUDING**: 29/6/17 3.35 - 4.35 pmTIME:

YEAR LEVELS: P-4 COST: \$120



FRIDAY MULTI FUN

VOLLEYBALL - SOCCER - CRAZY GAMES - CRICKET - HANDBALL

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: Friday **COMMENCING: 28/4/17 CONCLUDING:** 30/6/17 TIME: 3.35 - 4.35pm

YEAR LEVELS: P-4 COST: \$120



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

Soccer Fun (before school) Friday M	Iulti Fun (after school) Awesome Autumn 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
	o act on my behalf should my child require medical attention, and release by liability for injury incurred by my child at Kelly Sports programs.
Parent/Caregiver name:	Signature:
Amount Paid: \$	Credit card payment: Visa Master card
Card Number:	Expiry Date: CVV: CVV: