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# **BLACKBURN PRIMARY SCHOOL**

**NEW IMPROVED ONLINE BOOKING** SYSTEM!!! SIMPLY GO TO WWW.KELLYSPORTS. COM.AU 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 5185. PINEWOOD, 3149

#### BASKETBALL

Have fun learning how to play Basketball with your friends in the Kelly Sports Basketball Clinic. Learn all the basic skills required to play the game in a safe and challenging

environment.

Learn how to play like your heroes and have lots of fun learning all the skills in the game of Basketball.

WHEN: Wednesday COMMENCING: 18/10/17 CONCLUDING: 20/12/17

**TIME:** 3.40pm – 4.40pm

YEAR LEVELS: P-5 COST: \$120

#### **DANCE**

Children have the opportunity to learn a variety of modern Dance steps culminating in a routine performed in front of friends and family. Come and learn fun dance routines and have some laughter with your friends. Easy for all ages and experience!

WHEN: Thursday COMMENCING: 19/10/17 CONCLUDING: 21/12/17

**TIME:** 12.50pm – 1.50pm

YEAR LEVELS: P-4 COST: \$120

### **CRICKET**

Learn how to play like your heroes and have lots of fun learning all the skills in the game of Cricket. The Kelly Sports team will teach you all the basic skills in a safe and challenging environment.

If you already play cricket this is your chance to take your game to the next level. NOTE – THERE WILL BE NO SESSION ON MONDAY 6/11/17

WHEN: Monday COMMENCING: 16/10/17 CONCLUDING: 18/12/17

**TIME:** 3.40pm – 4.40pm

YEAR LEVELS: P-4

**COST:** \$108 (\$96 BEFORE 20.10)

## **ENROLMENT FORM**

| Basketball  | Dance                          | Cricket         |
|---|--------------------------------|-----------------|
| 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 |                 |
| I hereby authorise Kelly Sports to act on my behalf should my child require medical attention, and release Kelly Sports from any liability for injury incurred by my child at Kelly Sports programmes.  I authorise the use by Kelly Sports of any photographs or video image of my child or legal charge for any reasonable purpose. |                                |                 |
| Parent/Caregiver name:  | Signature:                     |                 |
| Amount Paid: \$   | _ Credit card payment:         | ter card        |
| Card Number:  | Expiry                         | Date: CVV: CVV: |
|   |                                |                 |