



## MITCHAM PRIMARY SCHOOL



### WONDERFUL WINTER SPORTS

#### Soccer – AFL – Basketball – Hockey

Have a wonderful time of it with Kelly Sports this term. Wonderful Winter Sports dynamic and active programs run for 9 weeks this term; sports covered include soccer, basketball, AFL, and hockey. This Program will not only provide an essential base for your child's motor skills but help build awareness, co-ordination and friendship all in an enjoyable environment.

**WHEN:** Monday  
**COMMENCING:** 18/7/16  
**CONCLUDING:** 12/9/16  
**TIME:** 3.20pm – 4.20pm  
**YEAR LEVELS:** P – 4  
**COST:** \$90



### GYM CLUB

**BEND YOUR WAY TO GYM CLUB THIS TERM!** This fast paced, highly active and nonstop program is an introduction for your child to the world of gymnastic. Colourful Ribbons, Entertaining Hula Hoops, Fantastic Rhythmical Routines and Group Dynamics allow your child to build up their thirst for energetic activities

**WHEN:** Monday  
**COMMENCING:** 18/7/16  
**CONCLUDING:** 12/9/16  
**TIME:** 1.20pm – 2.00pm  
**YEAR LEVELS:** P – 4  
**COST:** \$90

### NEW IMPROVED ONLINE BOOKING SYSTEM!!!

SIMPLY GO TO [WWW.KELLYSPORTS.COM.AU](http://WWW.KELLYSPORTS.COM.AU) ENTER YOUR POST CODE, SELECT YOUR SCHOOL AND ENROL FROM THERE.

OR

YOU CAN ALSO COMPLETE THE ENROLMENT FORM BELOW AND RETURN TO YOUR CHILD'S COACH, OR POST TO PO BOX 5185, PINEWOOD 3149

## ENROLMENT FORM

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

#### Parents' consent

I hereby authorise Kelly Sports to act on my behalf should my child require medical attention, and release Kelly Sports Templestowe 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:

☐ Visa

☐ Mastercard

CVV

Card Number:

Expiry Date:   /