

## BLACKBURN PRIMARY SCHOOL

### 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:** 26/4/17  
**CONCLUDING:** 28/6/17  
**TIME:** 3.40pm – 4.40pm  
**YEAR LEVELS:** P – 5  
**COST:** \$120

### DANCE

Children have the opportunity to learn a variety of modern and traditional Dance steps culminating in a routine performed in front of the class. Come and learn fun dance routines and have fun and laughter with your friends. Easy for all ages and experience to pick up from trained Kelly Sports instructors.

**WHEN:** Thursday  
**COMMENCING:** 27/4/17  
**CONCLUDING:** 29/6/17  
**TIME:** 12.50pm – 1.50pm  
**YEAR LEVELS:** P – 4  
**COST:** \$120

### AFL

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

If you already play footy this is your chance to take your game to the next level.

**WHEN:** Monday  
**COMMENCING:** 24/4/17  
**CONCLUDING:** 26/6/17  
**TIME:** 3.40pm – 4.40pm  
**YEAR LEVELS:** P – 4  
**COST:** \$108

#### NEW IMPROVED ONLINE BOOKING SYSTEM!!!

SIMPLY GO TO  
[WWW.KELLYSPORTS.COM.AU](http://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,  
PINWOOD, 3149**

## ENROLMENT FORM

☐ Basketball

☐ Dance

☐ AFL

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 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 ☐ Master card

Card Number:                 Expiry Date:   /   CVV: