

P.O. Box 5185, Pinewood, 3149

T 0437 076 897

E gary@kellysports.com.au



## **GLEN WAVERLEY PRIMARY SCHOOL**

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.

WHEN: Tuesday **COMMENCING:** 7/2/17 **CONCLUDING:** 28/3/17

3.40pm - 4.40pm

YEAR LEVELS: P-4 **COST:** \$96

WHEN:

**DANCE** 

Our Specialized dance coaches can get your child's hips swinging, feet rocking and heads bumping to all of the modern music contemporary hits.

Sign up fast as places are limited for our program and let our

coaches beat, ignite your child's feet!

**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

**COMMENCING: 6/2/17 CONCLUDING: 27/3/16** TIME:

3.40pm -4.40pm

Monday

YEAR LEVELS: P-4 COST: \$84

WHEN: Friday **COMMENCING:** 10/2/17 **CONCLUDING:** 31/3/17

1.40pm -2.30pm

YEAR LEVELS: P-4 \$96 COST:

**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

## **ENROLMENT FORM**

Cricket Basketball	Gym club	
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 Blackburn from any liability for injury incurred by my child at Kelly Sports programs.		
Parent/Caregiver name:	Signature:	
Amount Paid: \$	Credit card payment: Visa Mas	eter card
Card Number:	Expiry	Date: CVV: CVV:
THINGS TO KNOW		