

## MITCHAM 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:** Monday  
**COMMENCING:** 24/7/17  
**CONCLUDING:** 18/9/17  
**TIME:** 3.20pm – 4.20pm  
**COST:** \$108



### GYM CLUB

This fast paced, highly active and nonstop program is an introduction for your child to the world of gymnastic. Entertaining Hula Hoops, Fantastic Rhythmical Routines and Group Dynamics allow your child to build up their thirst for energetic activities

**WHEN:** Monday  
**COMMENCING:** 24/7/17  
**CONCLUDING:** 18/9/17  
**TIME:** 1.20-2.10pm  
**COST:** \$108



### 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!

**WHEN:** Wednesday  
**COMMENCING:** 26/7/17  
**CONCLUDING:** 20/9/17  
**TIME:** 1.20-2.10pm  
**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  
PO BOX 5185, PINWOOD, 3149

☐ Basketball ☐ Gym Club ☐ Dance

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