

VERMONT PRIMARY SCHOOL

SUPER SPRING SPORTS YRS 1-4

Soccer – Basketball – Cricket – Crazy games – Polo Hockey

Get active with Kelly Sports this term. Super Spring Sports dynamic and active programs run throughout the term; sports covered as above. 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. All sessions are run in the STADIUM.

WHEN: Wednesday
COMMENCING: 18/10/17
CONCLUDING: 20/12/17
TIME: 1.10pm – 2.10pm
YEAR LEVELS: 1 – 4
COST: \$120

SUPER SPRING SPORTS PREPS

Soccer – Basketball – Cricket – Crazy games – Polo Hockey

DESCRIPTION OF ACTIVITIES AS ABOVE

WHEN: Thursday
COMMENCING: 19/10/17
CONCLUDING: 14/12/17
TIME: 1.10pm – 2.10pm
YEAR LEVELS: PREP
COST: \$108

END OF YEAR CHEER

IT'S THE END OF THE YEAR AND IT'S TIME TO CHEER! Join us for our Cheerleading program for boys and girls as the kids learn weekly moves and learn a routine to perform at the end of the year.

Book early for this incredibly fun program!

WHEN: Tuesday
COMMENCING: 17/10/17
CONCLUDING: 19/12/17
TIME: 1.10 – 2.10pm
YEAR LEVELS: P – 4
COST: \$108

NEW IMPROVED ONLINE BOOKING SYSTEM!!!

SIMPLY GO TO WWW.KELLYSPORTS.COM.AU ENTER YOUR SCHOOL NAME AND ENROL OR

FILL OUT THE ENROLMENT FORM BELOW & SEND WITH A CHEQUE OR CREDIT CARD DETAILS TO:

PO BOX 5185, PINEWOOD 3149

☐ Super Spring Sports 1-4 ☐ End of year Cheer ☐ Super Spring Sports PREPS

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: