

## GLEN WAVERLEY PRIMARY SCHOOL

### BASKETBALL

**ALL AFTER  
SCHOOL  
PROGRAMS  
NOW 1.5  
HRS!!**

**WHEN:** Monday **TIME:** 3.40pm – 5.10pm  
**COMMENCING:** 15/10/18 **YEAR LEVELS:** P – 5  
**CONCLUDING:** 17/12/18 **COST:** \$176

### CRICKET

**WHEN:** Tuesday **TIME:** 3.40pm – 5.10pm  
**COMMENCING:** 16/10/18 **YEAR LEVELS:** P – 4  
**CONCLUDING:** 18/12/18 **COST:** \$158

### SOCCER

**WHEN:** Wed **TIME:** 3.40pm – 5.10pm  
**COMMENCING:** 17/10/18 **YEAR LEVELS:** P – 4  
**CONCLUDING:** 19/12/18 **COST:** \$176

### DANCE

**WHEN:** Friday **TIME:** 1.40pm – 2.30pm  
**COMMENCING:** 19/10/18 **YEAR LEVELS:** P – 4  
**CONCLUDING:** 21/12/18 **COST:** \$132

### 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 ☐ Cricket ☐ Soccer ☐ 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

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

### THINGS TO KNOW

Kelly Sports is a Registered Child Care provider  
Don't leave forms at the School Office