

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: 7/2/18
CONCLUDING: 28/3/18
TIME: 3.40pm – 4.40pm
YEAR LEVELS: P – 5
COST: \$96

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: Thursday
COMMENCING: 8/2/18
CONCLUDING: 29/3/18
TIME: 12.50pm – 1.50pm
YEAR LEVELS: P – 4
COST: \$96

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. NOTE – THERE WILL BE NO SESSION ON MONDAY 6/11/17

WHEN: Monday
COMMENCING: 5/2/18
CONCLUDING: 26/3/18
TIME: 3.40pm – 4.40pm
YEAR LEVELS: P – 4
COST: \$84

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

☐ Basketball

☐ Dance

☐ Cricket

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: