

## 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. This session is run in the gym.

**WHEN:** Wednesday  
**COMMENCING:** 28/4/21  
**CONCLUDING:** 23/6/21  
**TIME:** 3.40pm – 4.40pm  
**YEAR LEVELS:** P – 6  
**COST:** \$126

### DANCE

IT'S THE END OF YEAR AND IT'S TIME TO CHEER! 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! This session is run in the hall

**WHEN:** Thursday  
**COMMENCING:** 29/4/21  
**CONCLUDING:** 24/6/21  
**TIME:** 12.50pm – 1.50pm  
**YEAR LEVELS:** P – 4  
**COST:** \$126

### SOCCER

Learn how to play like your heroes and have lots of fun learning all the skills in the game of SOCCER. The Kelly Sports team will teach you all the basic skills in a safe and challenging environment.

If you already play soccer this is your chance to take your game to the next level! This session is run on the oval

**WHEN:** Monday  
**COMMENCING:** 26/4/21  
**CONCLUDING:** 21/6/21  
**TIME:** 3.40pm – 4.40pm  
**YEAR LEVELS:** P – 4  
**COST:** \$112

#### ONLINE BOOKING SYSTEM!!!

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,  
 PINEWOOD, 3149**

## ENROLMENT FORM

☐ Basketball

☐ Dance

☐ Soccer

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: