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# ST FRANCIS XAVIER PRIMARY SCHOOL

**ONLINE BOOKING SYSTEM!!!**  
 GO TO [WWW.KELLYSPORTS.COM.AU](http://WWW.KELLYSPORTS.COM.AU) ENTER YOUR POST CODE/SCHOOL 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**

## SOCCER

Messi.. Ronaldo...insert your name here...  
 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.

**WHEN:** Tuesday  
**COMMENCING:** 23/7/19  
**CONCLUDING:** 17/9/19  
**TIME:** 3.40pm – 5.10pm  
**YEAR LEVELS:** P – 4  
**COST:** \$158

## 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.

**WHEN:** Wednesday  
**COMMENCING:** 24/7/19  
**CONCLUDING:** 18/9/19  
**TIME:** 3.40pm – 5.10pm  
**YEAR LEVELS:** P – 4  
**COST:** \$158

## 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:** Friday  
**COMMENCING:** 26/7/19  
**CONCLUDING:** 20/9/19  
**TIME:** 1.40-2.30pm  
**YEAR LEVELS:** P – 4  
**COST:** \$119

## ENROLMENT FORM

Soccer

Basketball

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: