 PO BOX 5185, Pinewood, 3149

**Get in quick to avoid disappointment!**

**T** 0437 076 897

**E** gary@kellysports.com.au

**ST THOMAS THE APOSTLE PS**

**MULTI SPORT FUN!**

**WHEN:** Wednesday

**COMMENCING:** 24/7/19

**CONCLUDING:** 18/9/19

**TIME:** 3.30 - 4.30pm

**YEAR LEVELS:** P – 4

**COST:** $119



**Soccer – Footy – Basketball – Hockey – Crazy Games**

 Have a sensational time with Kelly Sports this term. Kelly Sports dynamic and active programs run throughout the term; sports covered include soccer, basketball, footy, hockey and crazy games. This program will provide an essential base for your child's motor skills and help build awareness, co-ordination and friendship.



**ONLINE ENROLMENT**

**www.kellysports.com.au**

To enrol, please visit [**www.kellysports.com.au**](http://www.kellysports.com.au)**, search via your postcode and then select your school.**

**OR**

**You can also complete the form below and return to your child’s coach, or post to PO Box 5185, Pinewood 3149**

**­**

**It’s here online enrolments !**

 **To enrol**, please visit [www.kellysports.com.au](http://www.kellysports.com.au) or

fill out the enrolment form & **send** with a cheque or credit card details to:

Kelly Sports PO BOX 71, Moonee Vale, VIC, 3055.

Payment options available!

Do **not** leave enrolment forms at the school office

 **ENROLMENT FORM**

□ **Basketball**

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:□□□

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