

MITCHAM 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!

WHEN: Monday
COMMENCING: 29/4/19
CONCLUDING: 24/6/19
TIME: 3.20pm – 4.20pm
YEAR LEVELS: P-4
COST: \$106

MULTI SPORT FUN

Kelly Sports dynamic and active programs run throughout the term; sports covered include soccer, basketball, cricket, hockey and crazy games. This program will provide an essential base for your child's motor skills, help build awareness, and co-ordination in an enjoyable environment.

WHEN: Monday
COMMENCING: 29/4/19
CONCLUDING: 24/6/19
TIME: 1.20pm – 2.10pm
YEAR LEVELS: P-4
COST: \$106



DANCE

Children have the opportunity to learn a variety of modern dance steps culminating in a routine performed in front of the class. Come and learn fun dance routines and have fun and laughter with your friends. Easy for all ages and experience to pick up from trained Kelly Sports instructors.

WHEN: Wednesday
COMMENCING: 1/5/19
CONCLUDING: 26/6/19
TIME: 1.20pm – 2.10pm
YEAR LEVELS: P-4
COST: \$119

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

☐ Basketball ☐ Multi Sport fun ☐ 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

Parents' consent

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

☐ Mastercard

CVV

Card Number:

Expiry Date:

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