P.O. Box 5185, Pinewood, 3149
T 0437 076 897
E gary@kellysports.com.au

JUST $10 PER WEEK

GLEN WAVERLEY PRIMARY SCHOOL

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.

WHEN: Tuesday
COMMENCING: 11/10/16
CONCLUDING: 20/12/16
TIME: 3.40pm – 4.40pm
YEAR LEVELS: P – 4
COST: $100

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. **Note: no session Melb. Cup eve.**

WHEN: Monday
COMMENCING: 10/10/16
CONCLUDING: 19/12/16
TIME: 3.40pm –4.40pm
YEAR LEVELS: P – 4
COST: $100

GYM CLUB

BEND YOUR WAY TO GYM CLUB THIS TERM! This fast paced, highly active and nonstop program is an introduction for your child to the world of gymnastic. Colourful Ribbons, Entertaining Hula Hoops, Fantastic Rhythmical Routines and Group Dynamics allow your child to build up their thirst for energetic activities

WHEN: Friday
COMMENCING: 14/10/16
CONCLUDING: 16/12/16
TIME: 1.40pm –2.30pm
YEAR LEVELS: P – 4
COST: $100

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

☐ **Cricket** ☐ **Basketball** ☐ **Gym club**

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 Blackburn from any liability for injury incurred by my child at Kelly Sports programs.

Parent/Caregiver name: _____ Signature: _____

Amount Paid: $ _____ Credit card payment: ☐ **Visa** ☐ **Master card**

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ Expiry Date: ☐☐/☐☐ CVV: ☐☐☐

THINGS TO KNOW
Kelly Sports is a Registered Child Care provider
Don't leave forms at the School Office
Spaces are limited so please make sure you enrol online or return form to Kelly Sports.