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# **BLACKBURN PRIMARY SCHOOL**

**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

## BASKETBALL

Have fun learning how to play Basketball with your friends in COMMENCING: 8/2/17 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.

Wednesday **CONCLUDING**: 29/3/17

TIME: 3.40 pm - 4.40 pm

YEAR LEVELS: P-5 COST: \$96

#### DANCE

Children have the opportunity to learn a variety of modern and traditional 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: Thursday **COMMENCING: 9/2/17 CONCLUDING:** 30/3/17

TIME: 1.30pm - 2.30pm

YEAR LEVELS: P-4 **COST:** 

## 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: Monday **COMMENCING:** 6/2/17 CONCLUDING: 27/3/17

3.40pm - 4.40pm

YEAR LEVELS: P-4 COST: \$84

# **ENROLMENT FORM**

| Name:   | Basketball   | Dance                          | Cricket         |
|---|--|--------------------------------|-----------------|
| Address:  | School:  |                                | Year Level:     |
| 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 | Name:  |                                | Room No:        |
| Email: Medical Conditions:  | Address:   |                                | Post Code:      |
| At the completion of after school clinics, does your child?    Go to after care   Get collected   | Phone:   | Mobile/Work:                   |                 |
| 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: Uisa Master card  | Email:   | Medical Conditions:            |                 |
| 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: Uisa Master card   | At the completion of after school clinics, does your child?  | Go to after care Get collected |                 |
| Amount Paid: \$ Credit card payment:  | 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: S   | Signature:                     |                 |
| Card Number: Expiry Date: CVV: CVV:   | Amount Paid: \$  | Credit card payment: Visa Mas  | ter card        |
|   | Card Number:   | Expiry [                       | Date: CVV: CVV: |