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

ENROL ONLINE TO ENSURE YOUR SPOT

BLACKBURN PRIMARY SCHOOL

BASKETBALL

Have fun learning how to play Basketball with your friends in the Kelly Sports 9 week 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.

WHEN:	Wednesday
COMMENCING:	12/10/16
CONCLUDING:	14/12/16
TIME:	3.40pm – 4.40pm
YEAR LEVELS:	P – 4
COST:	$100

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:	13/10/16
CONCLUDING:	15/12/16
TIME:	1.30pm – 2.30pm
YEAR LEVELS:	P – 4
COST:	$100

SOCCER

Messi…Ronaldo…insert your child's name here next! Join the soccer program to learn all there is to know about soccer. Our term long program will have your child dribbling, trapping, passing and scoring in a fun, game-based environment that will work for all abilities.

NOTE: NO SESSION ON MELBOURNE CUP EVE 31/10/16

WHEN:	Monday
COMMENCING:	10/10/16
CONCLUDING:	19/12/16
TIME:	3.40pm – 4.40pm
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 & HAND TO THE COACH OR SEND WITH A CHEQUE OR CREDIT CARDS DETAILS TO:
PO BOX 5185, PINEWOOD, 3149

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**

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: ☐☐☐