



2 DAY FOOTBALL CAMP

When: Tuesday 11th July until Wednesday 12th of July, 2017

Time: Start 9.00am – 3.00pm

Where: Walker Park, Mitcham

Address: 436 Whitehorse Road Mitcham

The program will run for 2 days and have a focus on fun football activities and small sided games, ensuring all participants learn the basic skills, get plenty of touches and have lots of fun. Note: children will go home at the end of each day. We are not camping out overnight!

FORMAT:

TIME	Skill Development
9.00am 9.30am	Registration
9.30am 11.00am	Evasive Running, Hand Passing & Kicking
11.00am 12.00pm	Goal Kicking & Challenge Games
12.00pm 1.00pm	Lunch
1.00pm 3.00pm	Round Robin Lighting Cup

For enquiries please call:

Gary Hoskin on 0437 076 897 or email – gary@kellysports.com.au

Chris Hoegel on 0401 841 878 or Email – chrishoegel@kellysports.com.au

WHO CAN ATTEND? **Boys & Girls** from 6 -12 years of age are all welcome , get in quick though as limited places available

WHAT DO YOU NEED TO BRING? Boots or Sneakers, drink bottle, snack & Appropriate Football apparel. Packed Lunch Day 1 and **pizzas provided day 2**

PROGRAM ACTIVITIES

The Program hours of operation are 9.30am – 3.00pm. Registration 9.00- 9.30 am each morning. All activities will be available to children of all age groups. At times, children will be grouped accordingly to allow the efficient operation of the activity but all children will have the opportunity to participate.

HOW DO I ENROL?

Go to www.kellysports.com.au, enter “Walker Park” in the school search box and then complete the registration process. This is the preferred method of enrolment. You can also complete the form on the reverse side of this flyer.

FOOTBALL CLINIC ENROLMENT FORM

PERSONAL DETAILS

Child's Name:	_____	School	_____
Club:	_____	Year / Grade:	_____
Address:	_____	Suburb	_____
Parental Contact	_____	Phone (H)	_____
Phone (M)	_____	Phone (W)	_____

Email _____

ATTENDING:

Tuesday 28th June []

Wednesday 29th June []

CONSENT FORM

I authorise you acting through the staff and employees of Kelly Sports in the event of any accident or illness to my child, to take all such steps as may in your opinion be necessary for the proper treatment and care of my child and should you be advised by a duly qualified and registered medical practitioner that it is necessary to authorise a general anaesthetic. I also agree to reimburse Kelly Sports all expenses incurred to these ends, by payment to you on the production by you of evidence of having incurred such expenses.

Signed _____

Please list any other details you consider relevant concerning your child's enrolment.

PAYMENT Kelly Sports are a registered child care provider.

\$70 per day or

\$125 for both days!!!!

Cash accepted on day

Simply go to **WWW.KELLYSPORTS.COM.AU** enter your postcode and enrol from there or complete this form for each child who will be attending the Football Program and send payment details or cheque to:

KELLY SPORTS BLACKBURN, P.O BOX 5185, PINEWOOD, 3149

Or Email: chrishoegel@kellysports.com.au

☐ Visa

☐ MasterCard

Card Number: Expiry Date:

/ CVV:

AMOUNT: \$ _____