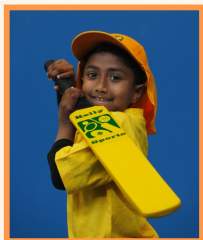


MITCHAM PRIMARY SCHOOL



SCORCHING SUMMER SPORTS

Soccer – Cricket – Basketball – Bat tennis

Scorching Summer Sports dynamic and active programs run for 7 weeks this term; sports covered include soccer, basketball, and cricket. This Program will provide an essential base for your child's motor skills, help build awareness, co-ordination and friendship in an enjoyable environment.

WHEN: Monday
COMMENCING: 6/2/17
CONCLUDING: 27/3/17
TIME: 3.20pm – 4.20pm
COST: \$96



GYM CLUB

This fast paced, highly active and nonstop program is an introduction for your child to the world of gymnastic. Entertaining Hula Hoops, Fantastic Rhythmical Routines and Group Dynamics allow your child to build up their thirst for energetic activities

WHEN: Monday
COMMENCING: 6/2/17
CONCLUDING: 27/3/17
TIME: 1.20-2.10pm
COST: \$96



DANCE

Our Specialized dance coaches can get your child's hips swinging, feet rocking and heads bumping to all of the modern music contemporary hits. Sign up fast as places are limited for our program and let our coaches beat, ignite your child's feet!

WHEN: Wednesday
COMMENCING: 8/2/17
CONCLUDING: 29/3/17
TIME: 1.20-2.10pm
COST: \$96

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

☐ Scorching summer sports ☐ Gym Club ☐ 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 Templestowe 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:

/