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

Try our new basketba session – Tuesday lunchtimes

GLENDAL PRIMARY SCHOOL

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.

WHEN: Tuesday
COMMENCING: 18/7/17
CONCLUDING: 12/9/17
TIME: 1.10pm – 2.00pm
YEAR LEVELS: P-4
COST: $108

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: 20/7/17
CONCLUDING: 14/9/17
TIME: 1.10pm – 2.00pm
YEAR LEVELS: P – 4
COST: $108

WILD WINTER SPORTS

Soccer – Footy – Basketball – Hockey – Crazy Games

Get active with Kelly Sports this term. Wild Winter Sports dynamic and active programs run throughout the term; sports covered include soccer, basketball, AFL, Hockey and crazy games. This Program will not only provide an essential base for your child's motor skills but help build awareness, co-ordination and friendship all in an enjoyable environment.

WHEN: Tuesday
COMMENCING: 18/7/17
CONCLUDING: 12/9/17
TIME: 3.40pm – 4.40pm
YEAR LEVELS: P-4
COST: $108

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

☐ **Basketball** ☐ **Dance** ☐ **Wild Winter Sports**

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**

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** ☐ **Master card**

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