

Get in quick to  
reserve your spot!

# 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:** 5/2/2019  
**CONCLUDING:** 2/4/2019  
**TIME:** 1.10pm – 2.00pm  
**YEAR LEVELS:** P-4  
**COST:** \$119

## DANCE

Children have the opportunity to learn a variety of modern Dance steps culminating in a routine performed in front of friends and family. Come and learn exciting 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:** 7/2/2019  
**CONCLUDING:** 4/4/2019  
**TIME:** 1.10pm – 2.00pm  
**YEAR LEVELS:** P-4  
**COST:** \$119

## MULTI SPORT FUN

**Soccer – Cricket – Basketball – Hockey – Crazy Games**

Have a sensational time with Kelly Sports this term. Kelly Sports dynamic and active programs run throughout the term; sports covered include soccer, basketball, cricket, 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:** 5/2/2019  
**CONCLUDING:** 2/4/2019  
**TIME:** 3.40pm – 4.40pm  
**YEAR LEVELS:** P-4  
**COST:** \$119

### ONLINE BOOKING SYSTEM!!!

GO TO [WWW.KELLYSPORTS.COM.AU](http://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 ☐ Multi Sport Fun

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 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: