GLEN IRIS PS

BRILLIANT BALLSPORTS

This 9 week program includes Aussie Rules Footy, Basketball or Netball, Soccer, Hockey or T-Ball. Boys & Girls of all abilities welcome.

Our program is a fantastic way for your child to develop key sporting skills essential for all sports. It will inspire children to give sport a go as they develop their catching, throwing, kicking, striking, running and jumping skills. Our modified sports games provide lots of fun while skills are being developed.

WHEN: Wednesday
COMMENCING: 30 April ‘14
CONCLUDING: 25 June ‘14
TIME: 3.35pm – 4.35pm
YEAR LEVELS: P – 4

BASKETBALL, FOOTY & SOCCER

DON’T MISS OUT ON THIS BRILLIANT CATCH!
We provide a range of dynamic activities over 9 weeks.
3 weeks each of Aussie Rules Footy, Basketball and Soccer. This program will not only provide an essential base for your child’s motor skills but help build awareness and coordination, all in an enjoyable environment.
Boys & Girls of all abilities welcome.

WHEN: Thursday
COMMENCING: 1 May ‘14
CONCLUDING: 26 June ‘14
TIME: 3.35pm – 4.35pm
YEAR LEVELS: P – 4


VENUE: At School. Meet at the Rotunda.

Kelly Sports is a Registered Child Care provider.

Online Enrolment

Enrolment Form

☐ Brilliant Ballsports (After school) ☐ Basketball, Footy & Soccer (After school)

School: Glen Iris PS
Name: ____________________________ Year Level: ____________________________
Address: ____________________________ Room No: ____________________________
Phone: ____________________________ Post Code: ____________________________
Email: ____________________________ Medical Conditions / Special Needs: __________

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 Burwood 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

Card Number: ____________________________ Expiry Date: ___/____