Glen Iris Primary

SUPER SUMMER SPORTS

**Thursday afternoon**

**COMMENCING:** 11/02/2010

**CONCLUDING:** 25/03/2010

**TIME:** 3.35 – 4.35 p.m.

**YEAR LEVELS:** 1 – 4

**VENUE:** Meet at the Rotunda

Goal scoring Hockey, big hit Cricket, fast pass Basketball and Crazy Games make Kelly Sports Program the place to be. Develop your child's motor skills and help build awareness & co-ordination, all in an enjoyable environment. Boys & Girls of all abilities.

DYNAMIC DANCE

**Thursday lunchtimes**

**COMMENCING:** 11/02/2010

**CONCLUDING:** 25/03/2010

**TIME:** 12.00 – 1.00 p.m.

**YEAR LEVELS:** P – 4

**VENUE:** Meet at Multi Purpose room

Let the beat enter your feet! Our Dance coaches can get your child's hips swinging, feet rocking and heads bumping to all of modern contemporary music and more. Sign up fast as places are limited and let our coaches' best, bring out your child's feet! For Boys & Girls of all abilities.

BASKETBALL & NETBALL FUN!

**Friday after school**

**COMMENCING:** 12/02/2010

**CONCLUDING:** 26/03/2010

**TIME:** 3.35 – 4.35 p.m.

**YEAR LEVELS:** 1 – 4

**VENUE:** Meet at the Rotunda

Enjoy BASKETBALL & NETBALL fun with THREE weeks of each sport playing enjoyable activities plus a week of crazy games. Learn & develop your skills in a fun and exciting sporting environment.

COST:

$70 each for our 7 week program

(early bird rate of $67 for enrolments prior to Wednesday 23/12/09)

To enrol, please fill out the enrolment form & send with a cheque or credit card details or pay by Internet Banking: ANZ Bsb 013030 Acct 4936 95452 (please use your child's first, last name & school as reference). Mail to:
Kelly Sports BURWOOD, P.O. BOX 254, Bentleigh, VIC 3204
Enrolment forms will not be processed without payment. Please do not leave Enrolment forms at the school office.

Glen Iris PS ENROLMENT FORM

Kelly Sports is a Registered Child Care provider.

Super Summer Sports □ Dynamic Dance □ Basketball & Netball Fun □

**School:** PLEASE PRINT

**Name(s):**

**Address:** ............................................................ Post Code: ........................................

**Phone:** (Home) ................................................ (Mobile / Work) ......................................

**Email Address:** .............................................. Kelly Sports receipts will be emailed.

**Medical Conditions:** ........................................

**At the completion of after school clinics, does your child require medical attention, and release Kelly Sports Burwood from any liability for injury incurred by my child at Kelly Sports programs:**

**Parent Name:** .............................................. Parent Signature: ......................................

**Credit card payment (Please tick) Visa □ Mastercard □

**Card Number:** .............................................. Date: ........................................

**Card Holder's Name:** ........................................ Amount $ ____________________________

**GO TO AFTER CARE □ GET COLLECTED □

**Parents consent: I hereby authorize 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 programs.**