GLEN IRIS PRIMARY

BASKETBALL, CRICKET & SOCCER FUN!

WHEN: Wednesday after school
COMMENCING: 16th February ’11
CONCLUDING: 6th April ’11
TIME: 3:35 PM - 4:35 PM
YEAR LEVELS: 1 – 4

Come and have some new year after school FUN!
If you haven't played Basketball or Cricket or Soccer yet then it's
the perfect chance to give it a go with a few weeks of each sport. If
you've already signed up for the season come and learn new skills
that will impress your coach and team when you play!

Boys & Girls of all abilities.

SUPER SUMMER SPORTS

WHEN: Thursday after school
COMMENCING: 17th February ’11
CONCLUDING: 7th April ’11
TIME: 3:35 PM - 4:35 PM
YEAR LEVELS: 1 – 4

DON'T MISS OUT NEXT TERM! This program allows your child
to play range of dynamic and active programs over 8 weeks; these
include Goal scoring Hockey or home run TBall, big hit Cricket,
fast pass Basketball and Super SOCCER, 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.

Kelly Sports is a Registered Child Care provider.

COST: $80 each (early bird rate of $75, if you enrol by 31st December 2010)
VENUE: At School
MEETING PLACE: Meet at the Rotunda.

To enrol, please fill out the enrolment form & send with a cheque or credit card details or pay by Internet Banking:

ANZ Bsb 013030 A/c 4936 95452 (please use your child’s first, last name & school as reference).

Mail: Kelly Sports BURWOOD, P.O.BOX 254, Bentleigh, VIC 3204 email mlouis@kellysports.com.au

Enrolment forms will not be processed without payment. Please do not leave Enrolment forms at the school office.

ENROLMENT FORM

BASKETBALL, CRICKET & SOCCER FUN ☐ SUPER SUMMER SPORTS ☐

School: Glen Iris PS

Year Level : ____________________________

Name: ____________________________________________________________

Room Number if known: ____________

Address: __________________________________________________________

Post Code: ____________

Phone: (Home) ____________________________ (Mobile / Work) ____________________________

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 Burwood from any liability for injury incurred by my child at Kelly Sports programs.

Parent/Caregiver Name: ____________________________________________

Parent/Caregiver Signature: ____________________________

Credit card payment : (Please tick) Visa ☐ Mastercard ☐

Card Number : ____________ Expiry Date : ___ / ___

Amount Paid: $ ____________________________

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