GLEN IRIS PS

BASKETBALL, T-BALL & SOCCER

DON’T MISS OUT NEXT TERM!

We provide a range of dynamic activities over 9 weeks. 3 weeks each of Basketball, T-Ball 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: Wednesday
COMMENCING: 17 October ’12
CONCLUDING: 12 December ’12
TIME: 3.35pm – 4.35pm
YEAR LEVELS: P – 4


VENUE: At School. Meet at the Rotunda.

SENSATIONAL SPRING SPORTS

This 9 week program includes Basketball, Cricket, Soccer and 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 various sports 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: Thursday
COMMENCING: 18 October ’12
CONCLUDING: 13 December ’12
TIME: 3.35pm – 4.35pm
YEAR LEVELS: P – 4

COST: $10/week for 9 weeks when you enrol online!

To enrol, please visit our website link or fill out the enrolment form below & send with a cheque or credit card details or pay by internet banking:

ANZ Bsb 013 030 A/c 4936 95452 (use child’s first, last name as reference)
Mail to: PO BOX 254, Bentleigh VIC 3204. Email mlouis@kellysports.com.au
Payment options available. Do not leave enrolment forms at the school office.

ENROLMENT FORM

☐ Basketball, T-Ball & Soccer (After school) ☐ Sensational Spring Sports (After school)

School: Glen Iris PS ___________________________________________ Year Level: ____________
Name: ____________________________________________________________ Room No: ____________
Address: __________________________________________________________ Post Code: ____________
Phone: ___________________________________ Mobile/Work: __________________________
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: □□/□□