

PLAY 4 LIFE

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"Physical Activity Specialists"

Developed by Physical Education & Fitness Specialists and run by Fitness Specialists and/or Personal Trainers!

Parent Fitness Sessions

DO SOMETHING TODAY THAT YOUR FUTURE SELF WILL THANK YOU FOR!



We invite all St Emilie Parents to come and join our new 6 week Parent Fitness Sessions.

We focus on developing and improving fitness levels in a variety of **Encouraging, Motivating & Fun** Activities within **Maximum Participation Sessions**.

Near the end of the School Day!
The Venue is in the School Hall!
No Obligation - Free Trial Session!

Free Trial Session

- **Dates:** **Free Trial Session** - Tuesday 21st May 2019 / Parent Fitness Sessions start Tuesday 28th May 2019.
- **Times:** 2pm - 2.40pm * 1 x 40 Min Trial + 5 x 40 Min Parent Fitness Sessions (Weekly - School Days Only).
- **Venue:** St Emilie's School Hall.
- **Cost:** \$25.00 per person * Payments will be processed after parents have trialed the Free session.

Online Registration:

- Register online at www.play4life.com.au. Online Registrations close Monday 20th May!
- Payment will be required when registering online. A refund will be processed if not continuing after the Trial.

School Form Registration:

- Fill in the attached Registration Form and return it with your after trial payment, enclosed in a fully sealed envelope to the school no later than Monday 20th May!
- (Credit Card - Complete the section in the below Registration Form), (Cash - Can be paid at the 1st session).

All enquires to Caleb Aquino - Phone: 6162 0932 or Email: play4life@optusnet.com.au

School Registration **Parent Fitness - Term 2 2019**

(Please Complete)

Visa _____ M/Card _____

Card No _____

Credit Card Payments:

Card Holders Name _____

Expiry Date ____ / ____

3 Digit Security Code _____

Parent Name _____

(M)

Phone - Immediate Contact _____

(E)

Email - Used to update information from P4L _____

Address _____

P/Code _____

Cost: \$25.00 (inc GST)

School _____

DOB _____

Discount Code: _____

Total Paid \$: _____

Please list relevant Medical information:

Guardians Signature: