Booking Form

School/Childcare Centre:

Name: Year level:

Address: D.O.B:

Phone: Work:

Email:

*e.g. asthma*

Medical conditions:

**Parent Details**

Name: Relationship:

Phone:

**At the completion of the Kelly Sports clinics, does your child?**

Go to after school care Get collected

I consent to my child’s photo being taken for use in promotional material by Kelly Sports

Persons NOT authorised to collect my child:

*Parent’s consent: I hereby authorise Kelly Sports to act on my behalf should my child require medical attention, and release Kelly Sports Adelaide Metro from any liability for injury incurred by my child at Kelly Sports programmes.*

Parent/Caregiver name: Signature:

Amount Paid: $ by Cash/Cheque/Internet transfer (date)