

ENROLMENT FORM



ON LINE REGISTRATION AVAILABLE AT

www.kellysports.com.au



or by cheque to "Kelly Sports" PO BOX 91 Brighton 5048 or by EFT to Kelly Sports
BSB 035-045 A/c No 342581 (please include your child's first & last name as a reference)

Name: _____

Address: _____

School: _____ Age: _____ DOB: _____

Phone: _____ (hm) Phone: _____ (mobile)

Email: _____

Medical Conditions : _____

Tick which day(s) you would like to register for:

DATE	Tick Session	COST
		\$50 per day
Multi Sports Cabra College Thurs 9 th July		
Multi Sports Cabra College Tues 14 th July		
TOTAL COST		

I hereby authorize Kelly Sports to act on my behalf should my child require medical attention and release Kelly Adelaide Metro (SA) from any liability for injury incurred by my child at Kelly Sports programs.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

For further details contact Ian Barnes Ph 0439 063 916 or Email ianbarnes@kellysports.com.au