**ENROLMENT FORM**

![C:\Users\Ian Barnes\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\VIT9QAQ6\MC900391730[1].wmf]() **ON LINE REGISTRATION AVAILABLE AT**

 [**www.kellysports.com.au**](http://www.kellysports.com.au/zone/adelaidemetroeast)

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 |
| Cabra College 18th April |  |  |
| Brighton High 19th April |   |   |
| Rosary College 26th April  |  |  |
| Cabra College 29th April |  |  |
|  |  |  |
| Less Sibling discount 20%  |  |  |
| **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**