

# ENROLMENT FORM



**ON LINE REGISTRATION AVAILABLE AT**

**[www.kellysports.com.au](http://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
Westminster School THURS 8 <sup>th</sup> Jan		
Westminster School TUES 13 <sup>th</sup> JAN		
Westminster School MON 19 <sup>th</sup> JAN		
<b>TOTAL COST</b>		

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](mailto:ianbarnes@kellysports.com.au)**