

ENROLMENT FORM



ON LINE REGISTRATION AVAILABLE AT

www.kellysports.com.au

Name: _____

Address: _____

School: _____ Age: _____ DOB _____

Phone: _____ (hm) Mobile _____

Email: _____

Medical Conditions : _____

Tick which program you would like to register for:

DATE	Tick Session	
Rajah Street Reserve Sports Programmes		
SOCCER - Mon 23 rd Oct to Mon 11 th Dec		
NETBALL Wed 25 th Oct to Wed 13 th Dec		

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