

P.O. Box 91, Brighton SA 5048 T 0439 0639 16

E ianbarnes@kellysports.com.au

MULTI -SPORTS PROGRAM TFRM 1 2019

Voucher eligibility please visit www.sportsvouchers.sa.gov.au.



SIZZLING SUMMER SPORTS ROSARY PRIMARY SCHOOL



ENROLMENT FORM

School:			Year Level:
Name:			_ D.O.B:
Address:			_Post Code:
Phone:	Mobile/V	Vork:	
Email:			
Medical Conditions:			
At the completion of the Kelly	y Sports clinics, does your child?	GO TO AFTER CARE 🗆	GET COLLECTED
	reby authorise Kelly Sports to act o Aetro from any liability for injury inc		· · · · · · · · · · · · · · · · · · ·
I consent to my child's	photo being taken for use in promo	otional material by Kelly Sports.	
Parent/Caregiver name:		Signature:	
Amount Paid: \$	by Cash / Cheque / Internet transfer (date)		
Statement of commitment to child safety	Child Safe Kelly	Sports is a learning destination fo	r the Children's University
All children who come to Kelly Sports have a	a right to feel and be safe. The welfare of the	children in our care will always be our fi	irst priority and we have a zero tolerance to child abuse.

All children who come to Kelly Sports have a right to feel and be safe. The welfare of the children in our care will always be our first priority and we have a zero tolerance to child abuse. We aim to create a child safe and child friendly environment where children feel safe and have fun. This policy was developed in collaboration with all our staff, volunteers and the children who use our services and their parents. It applies to all staff, volunteers, children and individuals involved in our organisation.

ENQUIRE NOW ABOUT A KELLY SPORTS BIRTHDAY PARTY FOR YOUR CHILD