

E ianbarnes@kellysports.com.au

MULTI -SPORTS PROGRAM TERM 4 2018

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SUPER SPRING SPORTS WEST BEACH PRIMARY SCHOOL



ENROLMENT FORM

School:	Year Level:
Name:	D.O.B:
Address:	Post Code:
Phone:	Mobile/Work:
Email:	
Medical Conditions:	
At the completion of t	e Kelly Sports clinics, does your child? GO TO AFTER CARE 🗆 GET COLLECTED 🗆
	nt: I hereby authorise Kelly Sports to act on my behalf should my child require medical attention, and release elaide Metro from any liability for injury incurred by my child at Kelly Sports programmes.
I consent to my	child's photo being taken for use in promotional material by Kelly Sports.
Parent/Caregiver name	Signature:
Amount Paid: \$	by Cash / Cheque / Internet transfer (date)
Statement of commitment to child so	safe people + safe programe + safe pieces

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