



Booking Form

School/Childcare Centre:

Name: Year level:

Address: D.O.B:

Phone: Work:

Email:

Medical conditions:

Parent Details

Name: Relationship:

Phone:

I have a \$100 Sports Voucher from the Office for Recreation and Sport in SA

Medicare number: Ref. no.

OR Australian Visa number:

I confirm my child has not already claimed a voucher in 2019:

Member of a sports club prior to using voucher:

My child is attending or is eligible to attend primary school (Years R-7):

At the completion of the Kelly Sports clinics, does your child?

Go to after school care Get collected

I consent to my child's photo being taken for use in promotional material by Kelly Sports

Persons NOT authorised to collect my child:

Parent's consent: I hereby authorise Kelly Sports to act on my behalf should my child require medical attention, and release Kelly Sports Adelaide Metro from any liability for injury incurred by my child at Kelly Sports programmes.

Parent/Caregiver name: Signature:

Amount Paid: \$ by Cash/Cheque/Internet transfer (date)