

This voucher entitles your child to attend a Kelly Sports clinic for 1 lesson for free!



School: _____ Year Level: _____ Room No: _____

Name: _____ Medical Conditions: _____

Mobile: _____ Email: _____

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



Parent/Caregiver name: _____ Signature: _____

Simply print this voucher and fill in and send along with your child, for further information email: sonya@kellysports.com.au