

# ENROLMENT FORM



**ON LINE REGISTRATION AVAILABLE AT**

**[www.kellysports.com.au](http://www.kellysports.com.au)**

or by cheque to "Kelly Sports" PO BOX 91 Brighton 5048 or by EFT to Kelly Sports  
**BSB 035-045 A/c No 342581 (please include your child's first & last name as a reference)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

School: \_\_\_\_\_ Age: \_\_\_\_\_ DOB \_\_\_\_\_

Phone: \_\_\_\_\_ (hm) Phone: \_\_\_\_\_ (mobile)

Email: \_\_\_\_\_

Medical Conditions : \_\_\_\_\_

**Tick which day(s) you would like to register for:**

| DATE  | Tick Session | COST         |
|---|--------------|--------------|
|   |              | \$50 per day |
| Brighton High School TUES 15 <sup>th</sup> DEC    |              |              |
| Cabra Dominican College WED 16 <sup>th</sup> DEC  |              |              |
| Brighton High School MON 21 <sup>st</sup> DEC     |              |              |
| Cabra Dominican College TUES 22 <sup>nd</sup> DEC |              |              |
|   |              |              |
| Less Sibling discount 20%                         |              |              |
| <b>TOTAL COST</b>                                 |              |              |

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](mailto:ianbarnes@kellysports.com.au)**