

KIDS SPORTS NSW

ENROLMENT FORM

Child's name: _____ Child's D.O.B.: _____

Parent/guardian's name: _____

Address: _____

Telephone (home): _____ (work): _____

(mobile): _____ (email): _____

MEDICAL INFORMATION

Please indicate any medical condition and or history which may affect your child's participation in our programmes:

Does child need medication with him/her on site: YES / NO
If yes please indicate:

Parent/guardian's signature: _____ Date: _____

For further enquiries please contact **KIDS SPORTS NSW** on 9521-5117
or 0406 587 447

