



AUSTRALIAN U21 GOLF CROQUET CHAMPIONSHIP

CONSENT FORM FOR PLAYERS UNDER THE AGE OF 18

1. PERMISSIONS

Participation

I (name of parent/guardian) _____

_____ State _____ P/Code _____

Phone _____ Email _____

Agree that (name of player) _____

Has my consent to compete in the Australian Under 21 Golf Croquet Championship being held at _____ from _____

Photographs

I agree that (name of player) _____ can be photographed during the tournament. This may be used for future publicity by Croquet Australia.

Allergies and Medications

Please be aware that (name of player) _____

Is allergic to _____

and takes the following medication _____

To the best of my knowledge (name of player) _____ has no medical condition, disability or injury that is likely to place him/her at risk of participating in this sporting activity

2. ATTENDANCE

I will/will not be accompanying _____ to _____

If not please state who is to have guardianship

Name _____ Relationship if any to the player _____

And complete the following:-

Name _____

Address _____ State _____ Post code _____

Phone _____ email _____

3. INSURANCE INFORMATION

Is the player a member of a Croquet Club Yes/No (please circle)

If yes add the name of the club _____

4. TRAVEL

How will the Player and Guardian be travelling to the venue? _____

Do you and the player require assistance with on ground travel? Yes/No (please circle)

5. ACCOMODATION

Do you require assistance in obtaining accommodation? Yes/No (please circle)

I confirm that the above information is correct

(Signature parent/guardian)

Date

Completed forms to be returned to Jacky McDonald at geofmcd@gmail.com

For any further information please contact Jacky McDonald on 0409 246 294