

AUSTRLALIAN UNDER 21 GOLF CROQUET CHAMPIONSHIP

Saturday 24 to Monday 26 September, 2016 Victorian Croquet Centre, Cairnlea, Victoria

CONSENT FORM for PLAYERS under the age of 18

1. PERMISSIONS

Pa	rticipation			
I (n	name of parent/guardian)			
of _				
Ph	one Email			
agı	ree that (name of player)			
	s my consent to compete in the Australian Unde ctorian Croquet Centre, Cairnlea, Victoria from S			
Ph	otographs			
Ιa	greed that (name of player)			
can be photographed during the tournament which may be used for future publicity by Croquet Australia.				
Allergies and Medications				
Please be aware that (name of player)				
is allergic to				
and	d takes the following medication			
То	the best of my knowledge (name of player)			
has no medical condition, disability or injury that is likely to place them at risk participating in this sporting activity.				
2.	ATTENDANCE			
	rill/ will not be accompanying (name of player) Cairnlea.			

If not please state who is to have guardianship of (name of player)					
and complete the following –					
Name Relation	elationship if any to the Player				
Address					
	State	P/Code			
Phone Email					
3. INSURANCE INFORMATION					
Is the Player a member of a Croquet Club Yes or No (please circle).					
If yes, add name of Club					
Is the person who is accompanying the Player a member of a Croquet Club Yes or No (please circle)					
If yes, add name of Club					
If either the player or parent/guardian are not member(s) of a croquet club, Croquet Australia will arrange travel insurance from home to Cairnlea and return, and for the duration of the event. Note: The insurance is only applicable to the days travelling directly to and from Cairnlea – it will not cover additional journeys taken.					
4. TRAVEL					
How will the Player and guardian be travelling to Cairnlea?					
Do you and the Player require assistance with on-ground travel? Yes or No (please circle)					
5. ACCOMMODATION					
Do you require assistance obtaining accommodation in Cairnlea? Yes or No (please circle)					
I confirm that the information above is correct					
(Signature parent/guardian)	(Date)				
Completed forms to be scanned and emailed to ndu2		stralia.com.au or posted to			

onda Avenue, RUTHERFORD NSW 2320

For more information please contact Jacky McDonald, National Co-ordinator Under 21 Croquet by email ndu21c@croquet-australia.com.au or phone 0409 246 294

