

AYC 2012 Parental Consent Form Instructions

- Each player born after 14/01/1994 must have the accompanying parental release completed and signed by a parent or guardian in order to participate in the 2012 Australian Youth Bridge Championships.
- A hard copy of the completed form must either be brought to the event by the player, or else sent prior to the event to:
 - Youth Bridge Week
 - c/o ABF office
 - PO Box 397
 - Fyshwick ACT 2609
 - Australia
- If bringing the form to the event rather than sending it earlier by mail, it would be appreciated if a scanned copy could be sent in advance by email to youthweek@abf.com.au or else faxed to (02) 6239 1816 – this is as a backup in case the hard copy is forgotten. If you're bringing the only copy with you please make sure you don't forget it!
- In the case that a parent or guardian will be present on-site at the start of the event, there is also the option for them to complete and sign the form then.

Many thanks,

Griff Ware
youthweek@abf.com.au
ph 0435 368 343 (m)
Tournament Organiser

PARENTAL RELEASE

I, (name, please print)

give my permission for my son/daughter (cross out whichever does not apply)

(name, please print)

to travel to Canberra to participate in the 2012 Australian Bridge Federation Youth Bridge Championships held at Rydges Eagle Hawk Canberra Resort, 999 Federal Highway, ACT/NSW Border ACT, from Saturday 14th to Friday 20th January 2012.

My son/daughter (cross out whichever does not apply) has the following travel arrangements to and from Canberra (e.g. give details of flights, dates and times) :-

.....
.....

It is my understanding in providing this Parental Release, that (please fill in first name of your child) will be staying on-site at Rydges Eagle Hawk Canberra Resort for the duration of the Championships under the supervision of the tournament organiser and other officials, unless details of other arrangements are given below.

Attachments:

1. I have supplied contact telephone numbers for myself and for another responsible adult (see over).
2. If other accommodation and supervision arrangements have been made, I attach signed details of those arrangements to signify my consent. (Please cross paragraph 2 out if not applicable.)
3. I attach a list of medication/s that my son/daughter (cross out whichever does not apply) is required to take during the period of the Championships. (Please cross paragraph 3 out if not applicable.)

Signed: _____

Date: _____

Contact Telephone Numbers:

Parent/Guardian 1:

Business Hours: _____

After Hours: _____

Mobile: _____

Parent/Guardian 2 or other responsible adult:

Name: _____

Business Hours: _____

After Hours: _____

Mobile: _____