

**AYC 2017 Parental Consent Form Instructions for participants under 18 years of age
on 7th January, 2017.**

- Each player born after 7/01/1999 must have the accompanying parental release completed and signed by a parent or guardian in order to participate in the 2017 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 youthweek2017@abf.com.au. 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,

Elainne Leach
youthweek2017@abf.com.au
0402081506
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 2017 Australian Bridge Federation Youth Bridge Championships held at Canberra Bridge Club, 6 Duff Place, Deakin, Canberra 2600, from Saturday 7th to Friday 13th January 2017.

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) :-

.....
.....

I understand that it is my responsibility to organize their travel arrangements to and from the tournament on each day that they are participating.

I understand that in providing this Parental Release, that (please fill in first name of your child) will be under the supervision of the tournament organisers and other officials during the playing times that they are participating.

Attachments:

1. I have supplied contact telephone numbers for myself and for another responsible adult (see over).
2. 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 2 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: _____

Accommodation arrangements (if known)

Address _____
