



POOL VICTORIA 2017 JUNIOR STATE CHAMPIONSHIP

BAR EIGHT, 445 GRIMSHAW ST, BUNDOORA

\$20.00 PER PLAYER - \$15.00 IF YOU ARE A 2017 JUNIOR MEMBER

SUNDAY 30th July 2017

9.30AM START

All junior players must be accompanied by a parent or guardian

Strict Dress Code applies – please see back of entry form for details

**The Junior Team will be selected to represent Victoria at the Junior National Titles
in January 2018**

Age Group: U/12 U/15 U/18 (as at January 1, 2018)

U/18 GIRLS

Name: _____

Address: _____

Suburb: _____ Post Code: _____

Ph: (Home) _____ Mobile: _____

Email: _____ League/Club Reg with: _____

Date of Birth: (proof of age will be required) _____/_____/_____

- All players **MUST** register by signing the SIGN IN SHEET on entry to the playing venue.
- ALL JUNIORS must be accompanied by a parent or legal guardian for the duration of the competition day **OR** the consent section on the reverse **must** be fully completed **if parent/legal guardian is unable to stay.**
- Entry Form **MUST BE COMPLETED IN ALL DETAILS**, including reverse side. No responsibility is taken for mail not received due to incorrect or illegible details – **P L E A S E P R I N T C L E A R L Y .**
- Entrants are required on day allotted from 9.00am, for registration, until end of play for that day. Once the draw has taken place it will not be altered. Entries are not transferable.
- **I have read and hereby agree to abide by the conditions of entry as stated on this entry form, including the dress code, will abide by all rules, including the Player Code of Conduct, and Committee decisions, and will submit to a drug test if so requested.**

Signature: _____ Date: _____

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____ Ph: _____ (Home)

_____ Ph: (BH) _____ Mobile: _____

May we use your details on our mailing list for future Tournaments? Yes



POOL VICTORIA JUNIOR STATE TITLES

Permission / Consent Form

I, _____ hereby give permission for my son/daughter

_____ to attend a Pool Victoria Inc. Eight Ball Tournament at _____ on _____.

Parent/Guardian Signature: _____ Date: _____

Phone No: _____ Child's Date of Birth: _____ / _____ / _____

Emergency Contact No: _____

- **Money to be given to your son/daughter for food & drinks for the day.**
- **Dress Code for State Titles: Black slacks and dress shoes, collared long or short sleeved shirt. NO jeans, runners, no torn or dirty clothing or shoes**

Parent/Guardian Consent: (Must be signed if not staying with child)

I hereby consent and give authority for the duration of this tournament to Pool Victoria Inc. to seek and if need be, administer such medical treatment or services, including ambulance, hospital or emergency services required by the above mentioned child should such treatment and/or services are deemed necessary in the reasonable opinion of the Committee of Pool Victoria Inc.

Parent/Guardian Name: _____ Date: _____ / _____ / _____

Parent/Guardian Signature: _____ Date: _____ / _____ / _____

Emergency Phone No: _____

DRESS CODE

Dress code for State Titles

ALL PLAYERS MUST BE ATTIRED IN BLACK SLACKS, BLACK DRESS SHOES, AND A SHIRT WITH A COLLAR.



Health
and Human
Services

