

| I | | of Regi | on | am a registered participant |
|--|---|---|---|--|
| | PRINT N | _ | REGION NAM | |
| of Tennis Club and play Competition in | | | | |
| AFFILIATED CLUB NAME | | | LOCAL COMPETITION NAME | |
| Ву | signing this form, I a | _ | et the below eligibiling in throughout 20 | ity conditions for the event/s that I may be 17. |
| | ☐ Inter-Regional Co | ountry Championships | ☐ 13/u John Fi | tzgerald Cup |
| | 17/u Minter McN | amee Cup | 13/u Judy D | alton Cup |
| | 15/u Bradtke Luc | • | | |
| Ρl | ease note for the Inte | - | - | ne 15/u Bradtke/Luczak Cup, players must |
| _ | | be of age as at the end of | | - |
| Foi | _ | • | | be of age as at 31st December 2017. This is |
| | C | lue to age eligibility for the | e Foundation Cup In | terstate Challenge. |
| | Where a club / cer (either within that available season. Where a club is op | point below. ntre is operational for 6 month t club or representing that clud perational for 12 months of th t club or representing that clud | ns of the year the repre b in an Association col e year the representat | toria affiliated club / centre within that region, sentative will need to have played competition mpetition) within that region for 50% of their ive will need to have played competition tennismpetition) within that region for 50% of the |
| spe | cial consideration throi | | en this is referred to Te | riting through their RTE – AP representative for nnis Victoria's Match Day Committee, whose ed prior to the entry deadline. |
| _ | ☐ 12/u, 14/u, 16/u ; | and 18/u Association & Region | onal Teams Challenge | e |
| | 12/u Alicia Molik | • | , , , , , , , , , , , , , , , , , , , | 10/u Wayne Arthurs Cup |
| | | | age as at the end of | the month the event is completed in. |
| | | - | | of a Tennis Victoria affiliated club within the ssociation's junior competition. |
| i | mage obtained during cordings and video foo | their participation in any Re | gional Teams Event a r Tennis Victoria spoi | a taking, retaining and reproducing the their activity in photos, electronic images, sound asor's advertising or marketing materials and ato the Player or the Parent. |
| | Current Address | | | |
| - | Email Address | | | |
| | Phone Number | | | |
| - | Date of birth | | | |



Please inform the Tournament Director of any existing Medical Conditions or Injuries that may affect your participation in the event prior to your first match. In the event of accident or illness, I authorise the Team Manager, where required, to organise such medical or surgical treatment deemed necessary. I agree to pay all fees and expenses.

Release and indemnity: In consideration of my participation in any of Tennis Victoria's 2017 Regional Teams Events, I release, hold harmless and indemnify Tennis Victoria and its officers, employees, volunteers and agents from and against any actions, claims, demands, expenses and liabilities however arising from injury, loss, damage arising from my participation in these event.

I am aware that these events will be conducted in accordance with the Tennis Australia Code of Behaviour and Extreme Weather Policy. I am also aware of the conditions within the Code of Behaviour that relate to behavior of spectators. These documents can be found on the Tennis Australia website at http://www.tennis.com.au/tournaments/regulations

| Signed: ˌ | |
|-----------|--|
| | SIGNATURE OF COMPETITOR |
| | |
| | |
| Signed: | |
| signed. | NAME & SIGNATURE OF PARENT/GUARDIAN (if player is under 18) |
| | NAMIL & SIGNATURE OF PARENT/GOARDIAN (II player is under 16) |
| | |
| Dato: | |
| i iztv. | |