

Junior Bowler Information and Consent Form: 2023/24 Season

Personal Details	
Surname:	Given Names:
Address:	
Suburb/Town:	State:Postcode:
Phone:	Mobile:
Sex: Male / Female Date of Birth:	Age:
Emergency Contact	
Surname:	Given Names:
Phone:	Mobile:
Relationship:	
Medical/Dietary Information Please list any medical conditions, allergies or dietary requirements that should be taken into account:	
Image Use Permission	
I,(insert player's full name), and my parent/guardian, hereby give our full permission, without reservation or restriction to Bowls North to photograph or live stream me, and use, reproduce and publish in any communication medium whatsoever, as determined by Bowls North from time to time, for educational, promotional, commercial or marketing purposes.	
I, and my parent/guardian, agree and acknowledge that this permission is unconditional and applies in perpetuity.	
I, and my parent/guardian, accept that no fee or remuneration will be provided for my appearance in any such communication mediums.	
I, and my parent/guardian, hereby waive, release and forever discharge Bowls North and its officers from all claims, actions and liability relating to its use of said photographs.	
Players Name:	Parent/Guardian Name:
Signature:	Signature:
Dated:	Dated: