



2014 ALICIA MOLIK CUP PLAYER DECLARATION

KOOYONG LAWN TENNIS CLUB – 13 & 14 December 2014

Conducted by Tennis Victoria in conjunction with the Kooyong Lawn Tennis Club & the Kooyong Foundation

Iof Region am a current member
PRINT NAME *REGION NAME*

of.....Tennis Club and play Competition in
AFFILIATED CLUB NAME *COMPETITION NAME*

I accept the conditions of the **ALICIA MOLIK CUP**, and give Tennis Victoria permission to use a photograph of me and to identify me by my name in any Tennis Victoria publication or electronic media.

All players nominated must be a member of a club affiliated with Tennis Victoria and play competitively and/or train with the Region/Association.

Player Registration Number	617
Current Address	
Email Address	
Phone Number	
Date of birth	

Release and indemnity: In consideration of my participation in this event, I release, hold harmless and indemnify Tennis Victoria and it's 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 this event.

By signing this permission, I..... (*PARENT NAME*) warrant that I have authority to give this permission on behalf of (*PLAYER NAME*)

In the event of accident or illness, I authorise the Team Manager, where it is impractical to communicate with me, to organise for my son/daughter to receive such medical or surgical treatment deemed necessary. I agree to pay all fees and expenses.

I am also aware that this event will be conducted in accordance with the Tennis Australia Code of Behaviour and I am also aware of its conditions that relate to behavior of spectators.

Signed:Date
SIGNATURE OF PARENT OR GUARDIAN

Signed:Date
SIGNATURE OF PLAYER

**THIS FORM MUST ACCOMPANY THE TEAM ENTRY FORM FROM THE RELEVANT REGION/ASSOCIATION
IT IS COMPULSORY FOR ALL COMPETITORS TO COMPLETE THIS FORM PRIOR TO
THE EVENT COMMENCING**