

# 2014 FRANK SEDGMAN CUP PLAYER DECLARATION

2 & 3 August 2014

Bairnsdale Tennis Club, corner Pearson & Ligar Streets Bairnsdale, 3875



I .....of Region ..... am a current member  
*PLAYER NAME* *ASSOCIATION/REGION NAME*

of.....Tennis Club and play Competition in .....  
*AFFILIATED CLUB NAME (within abovementioned club)* *COMPETITION NAME*

I accept the conditions of the **FRANK SEDGMAN 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. A copy of the event conditions are available from the Tennis Victoria website – [www.tennis.com.au/vic](http://www.tennis.com.au/vic)

**All players nominated must be a member of a club affiliated with Tennis Victoria that is located within the Country Region or Metropolitan Association and play competitively and/or train with the Region/Association.**

Player Registration Number	61 _ _ _ _ _
Address	
Email	
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..... warrant that I have authority to give this  
*PARENT/GUARDIAN NAME*

permission on behalf of .....  
*PLAYER NAME*

In the event of accident or illness, I authorise the Team Manager or Tennis Victoria staff, 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*

**All competitors must complete this form prior to the event commencing. Please return this complete to your region delegate or team coordinator so that it can accompany the regions team entry form.**