Closing date nominations 20 JUNE 2015 baysidemoorabbintennis @gmail.com

2015 Tennis Victoria Regional Teams Events Player Declaration Form





This form will be used for all players participating in any of Tennis Victoria's Regional Teams Events in 2015. It is compulsory for all competitors to complete this form prior to the event commencing.

I	PRINT NAME	of Region	REGION NAME	am a registered participant
of		Tennis Club an	d play Competition in	
	ILIATED CLUB NAME		. , .	COMPETITION NAME
By signing this	s form, I acknowledge tha		ne below eligibility co throughout 2015.	nditions for the event/s that I may be
☐ Inter-Re	egional Country Champio	nships		
17/u Cd	ountry Cup			
15/u Br	adtke/Luczak Cup			
13/u Fi	tzgerald Cup			
13/u Fc	oundation Cup			
For the 13/u Fi	tzgerald and 13/u Found	ation Cups, players	event is completed in the service of a service and the service of age as at the service on Cup Interstate Character of the service of the ser	31st December 2015. This is due to age
	•			oant of a Tennis Victoria affiliated club
within that region 10.1.1	on, as well as satisfying po			ntative will need to have played
10.1.1	•	nin that club or repr		an Association competition) within that
10.1.2	Where a club is operation	onal for 12 months er within that club		entative will need to have played lub in an Association competition)
Players not mee	ting the eligibility criteria	and seeking selecti	ion may individually a _l	oply in writing for special consideration
through Tennis \	/ictoria to Tennis Victoria	Country Committe	e, whose decision, bas	sed on a simple majority will be final.
This request mus	st be submitted prior to th	he entry deadline.		
☐ 12/u Al ☐ 11/u Fr	4/u, 16/u and 18/u Assoc icia Molik Cup ank Sedgman Cup 'ayne Arthurs Cup	iation Regional Cha	ıllenge	

For each of these events, players must be of age as at the end of the month the event is completed in.

For the above events, each representative must be a registered participant of a Tennis Victoria affiliated club within the Region/Association they are representing.

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As a Regional Teams Event participant, the Player agrees to Tennis Victoria taking, retaining and reproducing the their image obtained during their participation in any Regional Teams Event activity in photos, electronic images, sound recordings and video footage in any Tennis Victoria or Tennis Victoria sponsor's advertising or marketing materials and all other reasonable uses without notice or compensation to the Player or the Parent.

My Tennis Player Registration Number	61
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 2015 Regional Teams Events, 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 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 Victoria website at tennis.com.au/vic

Signed:	
	SIGNATURE OF COMPETITOR
Signed:	
	NAME & SIGNATURE OF PARENT/GUARDIAN (if player is under 18)
Date:	