

# Upwey-Tecoma Bowls Club Inc

Incorporation Number: **A5022**

Chairman: **Mr Michael Walker**  
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ABN: **88 869 093 047**

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**Upwey Vic 3158**

Club Address: **21-41 Alexander Ave**  
**Upwey Vic 3158**

Telephone: **(03) 9754 3144 (Club)**

## PERMISSION FORM

**NAME OF JUNIOR MEMBER** \_\_\_\_\_

I hereby give permission for my child to participate in a bowls activity connected with the Upwey Tecoma Bowls Club or Bowls Australia at \_\_\_\_\_ on \_\_\_\_\_  
(or from \_\_\_\_\_ until \_\_\_\_\_)

In the event of illness or any injury to my child whilst participating, and where it is impracticable to communicate with me, I authorise the nominated "person of responsibility" indicated below who is in charge of my child, to consent to such emergency medical arrangements on my behalf as may be deemed necessary by a qualified medical practitioner. Such consent includes anaesthetics, blood transfusions and surgical operations.

I nominate \_\_\_\_\_ to be the person of responsibility who is in charge of my child during the time they are travelling to/from the bowls activity indicated above and also during the actual game. I understand that if this person is an active player, my child may not be in their immediate vicinity at all times. My child has been made aware of who is responsible for them during this activity and accept that they shall respond as required to the responsible adult.

If applicable, I have made arrangements for my child to be transported to an external venue by the responsible adult or another authorised club member \_\_\_\_\_ who has current registration.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**ON THE DAY I MAY BE CONTACTED AT:** \_\_\_\_\_

**CONTACT or MOBILE PHONE No.** \_\_\_\_\_

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I \_\_\_\_\_ accept the role of being the person of responsibility for the named child during the time they are travelling to/from the a bowls activity connected with the Upwey Tecoma Bowls Club or Bowls Australia as indicated above and also during the actual game. I understand that if I am an active player, the child may not be in my immediate vicinity at all times. I acknowledge the legal/medical responsibilities I am undertaking.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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I \_\_\_\_\_ understand who the responsible adult is for me for this activity and will follow their instructions at all times. I will behave responsibly and not put myself or others at risk

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_