

# CENTRAL REGIONAL JUNIOR TOURNAMENT PERMISSION SLIP

Senate: \_\_\_\_\_ Coach: \_\_\_\_\_

I \_\_\_\_\_, give \_\_\_\_\_,  
(Parent/Guardian – Please Print) (Jr. Bowler’s Legal Name – Please Print)

my permission to attend and participate in the 2017 Central Regional Junior Tournament, in Canton, Michigan, held April 14-15, 2017.

I understand and agree to the Code of Conduct. I further agree that I will be held financially responsible for any theft or damages caused by him/her at the bowling center and/or hotel.

In addition, I also give permission for my child to be photographed while participating in the 2017 Central Regional Junior Tournament, in Canton, Michigan held on April 14-15, 2017.

I understand and agree that all photos will be the property of TNBA Central Regional Junior program and the pictures may be used exclusively for promoting and publicizing the tournament.

Signature of Parent/Guardian \_\_\_\_\_

## **THIS SECTION MUST BE COMPLETED.**

Address \_\_\_\_\_  
(Include City, State and Zip Code)

Telephone Number \_\_\_\_\_  
(Include Area Code)

Alternate Telephone Number \_\_\_\_\_  
(Include Area Code)

Bowler or Parent’s E-mail Address \_\_\_\_\_

**Coaches: Please attach to CRJT entry form.**

If your child is **not** to be photographed please sign below.