

**SOUTHERN REGIONAL JUNIOR TOURNAMENT
PERMISSION SLIP**

I _____, GIVE _____
(PARENT/ GUARDIAN) (JUNIOR BOWLER)

**PERMISSION TO ATTEND THE SOUTHERN REGIONAL JUNIOR TOURNAMENT IN
ATLANTA, GEORGIA, TO BE HELD APRIL 14-15, 2017.**

**I UNDERSTAND THAT I WILL BE HELD FINANCIALLY RESPONSIBLE FOR ANY
DAMAGES CAUSED BY HIM/HER.**

SIGNATURE OF PARENT/GUARDIAN

**PLEASE LIST ANY KNOWN MEDICAL PROBLEMS, ALLERGIES OR RESTRICTED
MEDICATIONS RELATED TO YOUR CHILD.**

**I GIVE MY PERMISSION FOR MY CHILD TO BE GIVEN EMERGENCY MEDICAL
TREATMENT DURING THIS TIME.**

SIGNATURE OF PARENT/GUARDIAN

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE NUMBER (_____) _____

EMAIL _____

COACHES PLEASE ATTACH TO SRJT ENTRY FORM