



TNBA EASTERN REGIONAL JUNIOR TOURNAMENT PERMISSION SLIP

SENATE: _____ COACH: _____

I _____, give _____

(Parent/Guardian – Please Print)

(Jr. Bowler's Legal Name – Please Print)

Permission to attend and participate in the **2025 TNBA Eastern Regional Junior Tournament** to be held in North Brunswick, New Jersey, April 26-27, 2025.

I understand and agree with the Code of Conduct. I further agree that I will be held financially responsible for any missing items or damages caused by the Junior Bowler at the bowling center and/or hotel.

In addition, I also give permission for my child to be photographed/recorded while participating in the **2025 TNBA Eastern Regional Junior Tournament** in North Brunswick, New Jersey, April 26-27, 2025.

I understand and agree that all photos will be the property of the TNBA Eastern Regional Junior Program, and the pictures may be used exclusively for promotion and publicizing the tournament.

Signature of Parent/Guardian: _____

Address: _____

(Please include City, State, and Zip Code)

Telephone Number: _____

(Please include Area Code)

Junior Bowler E-Mail Address: _____

Parent/Guardian E-Mail Address: _____

COACHES: PLEASE ATTACH THIS TO YOUR ERJT ENTRY FORM

If your child is **not** to be photographed or recorded, please sign below:

Signature of Parent/Guardian: _____