



# TNBA CENTRAL REGIONAL JUNIOR TOURNAMENT PERMISSION SLIP

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

Coach \_\_\_\_\_

I \_\_\_\_\_,  
(Parent/Guardian - Please Print)

give \_\_\_\_\_  
(Jr. Bowler's Legal Name - Please Print)

Permission to attend and participate in the 2025 **TNBA Central Regional Junior Tournament** to be held in Cincinnati, Ohio, April 18-19, 2025.

I understand and agree with 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 2025 **TNBA Central Regional Junior Tournament**, in Cincinnati, Ohio, April 18-19, 2025.

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: \_\_\_\_\_

(Please Include, City, State and Zip Code)

Telephone Number: \_\_\_\_\_

(Please Include Area Code)

Alternate Telephone Number: \_\_\_\_\_

(Please Include Area Code)

Bowler or Parent's E-mail Address: \_\_\_\_\_

**COACHES: Please attach this to your CRJT Entry Form**

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

Parent/Guardian Signature: \_\_\_\_\_