TIMBERJACKS TOURNAMENT PLAYING UP CONSENT FORM

1. PLAYER DETAILS

Name: _____

Club: _____

Date of Birth: _____

Consent Type: ☐ Casual ☐ Permanent

2. PARENT / GUARDIAN DETAILS

Name: _____

Contact Phone: _____

Contact Email: _____

3. COACH / ASSESSOR DETAILS

Name: _____

Contact Phone: _____

Accreditation Level: _____

Contact Email: _____

4. COACH / ASSESSOR DECLARATION

I, _____, confirm that I have conducted a skills assessment on the above-named player and believe that playing up an age level would not pose an unacceptable risk of injury to that player.

Coach / Assessor Signature: _____

Date: _____

5. PARENT / GUARDIAN DECLARATION

I, _____, the parent/guardian of the above-named player, wish for my child to participate in baseball outside of their natural age group during the Hurfords Timberjacks Tournament.

I understand that by permitting my child to play outside their natural age group, there may be an increased risk of injury. I acknowledge that the tournament organisers, officials, clubs and affiliated bodies will not be held liable for injury or loss arising from participation in the tournament.

Parent / Guardian Signature: _____

Date: _____