#### PARENT ‘TRAVELLING TEAM POLICY’ ACKNOWLEDGEMENT

Name of tournament:

Full name of team member:

I agree to my child named above taking part in the above mentioned tournament. I have been supplied with information regarding the Tournament itinerary and cost

I have read the Rockhampton Water Polo Association ‘Travelling Team Policy’ set out above. I acknowledge the need for good and responsible behaviour on my child’s part throughout the Tournament and support the Association officials in maintaining good discipline and enforcing the Association’s ‘Traveling Team Policy’ set out above.

I understand that the ultimate sanction in the event of a breach of the Rockhampton Water Polo Association ‘Traveling Team Policy’ is to send my child home at my expense.

I can be contacted by phone during the Tournament on the following numbers:

Home: Work: Mobile:

Best number is Home / Work / Mobile (please circle)

My home address is:

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If I am not available please contact: Name:

Address

Home: Work: Mobile:

Signed:

Date / /

Name (in capitals)