

**SOUTHERN REGIONAL JUNIOR TOURNAMENT  
PERMISSION SLIP**

I \_\_\_\_\_, GIVE \_\_\_\_\_  
(PARENT/ GUARDIAN) (JUNIOR BOWLER)

**PERMISSION TO ATTEND THE SOUTHERN REGIONAL JUNIOR TOURNAMENT IN BATON ROUGE, LOUISIANA TO BE HELD APRIL 6-7, 2012.**

**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**