



**T&DWPI**

**PLAYING IN HIGHER AGE COMPETITION CONSENT FORM**

I hereby give permission for my child:

\_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ to play with the

(child name)

\_\_\_\_\_ in the \_\_\_\_\_

(insert club)

(higher age competition)

I am aware of the increased risks my child will be exposed to both physically and mentally by playing in a higher age division.

I am aware that my child is required to fulfil his/her obligations to his/her correct age competition prior to competing in the higher age division.

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Team Coach Endorsement \_\_\_\_\_ Date \_\_\_\_\_

T&DWPI Exec. Committee Representative Name \_\_\_\_\_

T&DWPI Exec. Committee Representative Signature \_\_\_\_\_ Date \_\_\_\_\_

This form is to be completed and returned to the T&DWPI Secretary at [tamworthwaterpolo@gmail.com](mailto:tamworthwaterpolo@gmail.com) for approval by the T&DWPI Committee PRIOR to the player playing in the higher age competition.