

## Junior Player Consent Form

All players who are under 18 years of age at the commencement of an Australian Disc Golf (ADG) event are required to complete and lodge this form with the Tournament Director to complete their registration prior to play.

### Junior Player Details

Surname: \_\_\_\_\_  
Given Name(s): \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Gender: (M/F) \_\_\_\_\_ ADG No: \_\_\_\_\_  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

### Junior Player Statement of Consent

- I understand that Disc Golf is a physical and demanding sport that involves proximity to high speed flying discs, high strain movements and encounters irregular terrain and bodies of water, and as such injury is possible even in the most controlled conditions. Although ADG and its representatives attempt to minimise any risk of personal injury, all physical activities carry the risk of personal injury and accidents resulting in injury can and do occur during play.
- I understand that Disc Golf relies upon a "Spirit of the Game" that places responsibility for fair play and etiquette on every player. Competitive play is encouraged but never at the expense of respect between players, adherence to the rules and the basic joy of play.
- I undertake to abide by the rules of Disc Golf and the policies of ADG and the Professional Disc Golf Association.

Signature of player: \_\_\_\_\_ Date: \_\_\_\_\_

### **Responsible Adult**

ADG requires that players under 18 years of age be supervised at all times by a responsible adult. This may be a parent/guardian who is a player, a parent/guardian who is a spectator, or another adult as identified by the player's parent/guardian.

### Parent / Guardian Details

Surname: \_\_\_\_\_  
Given Name(s): \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Gender: (M/F) \_\_\_\_\_ ADG No: \_\_\_\_\_ (if applicable)  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Mobile phone: \_\_\_\_\_  
Email address: \_\_\_\_\_  
ADG Event: \_\_\_\_\_

### Parent / Guardian and Responsible Adult Statement of Consent

- I consent to the registration of my child/ward named above in the event addressed by this consent form.
- Where I am not the Supervising Adult, I agree to my child/ward being supervised by \_\_\_\_\_ (name of Responsible Adult) while attending the event addressed by this consent form. I have informed my designated Supervising Adult of any relevant medical or dietary information and have authorised them to act on my behalf in an emergency.
- I understand that ADG or the Tournament Director may withdraw or suspend my child's/ward's registration should they, the Supervising Adult, or I fail to comply with these statements of consent or reasonable direction from the Tournament Director.
- I agree to allow ADG to use my child's/ward's name and any photographs, sound and film recordings taken of my child/ward at the event identified above for the information of fellow competitors.
- I confirm that I have discussed the significance of their statements of consent with my child/ward.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of responsible adult if not parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_