

Matchroom Safeguarding Acknowledgement Form

Event: 2025 Florida Junior Open

Parent/Guardian Name: _____

Parent/Guardian Contact Number: _____

Players Name: _____

I hereby acknowledge and agree to the following:

☐ I will take full responsibility of the player and I will remain on site at all times whilst they are in the venue.

☐ I have read and signed the photography and filming consent form.

☐ I have read and acknowledge the Matchroom Multi Sport Safeguarding Policy.

Signature _____ Date _____