

## Matchroom Safeguarding Acknowledgement Form

**Event:** 2025 SVB 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 \_\_\_\_\_