



Aaron Baddeley  
International Junior Championship  
December 1<sup>st</sup> – 5<sup>th</sup>  
2018  
Omni La Costa Resort and Spa  
Carlsbad, San Diego  
USA  
**Player Entry Form**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal \_\_\_\_\_

Country \_\_\_\_\_

Date of Birth \_\_\_\_\_ \*Age as at December 5<sup>th</sup> 2018 \_\_\_\_\_

**\*Must not have turned 19 as of December 5<sup>th</sup> 2018**

School of Attendance \_\_\_\_\_

Date of Graduation \_\_\_\_\_

Gender (Please Circle) – Male    Female

Email \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Country of Citizenship - \_\_\_\_\_

2.

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

Parent/ Guardian Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Parent/ Guardian Email \_\_\_\_\_

Player Signature \_\_\_\_\_

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

When making a payment, please email [abijcgolf@gmail.com](mailto:abijcgolf@gmail.com) so we can follow up on the transfer for conformation.

For all Tournament payments:

For international wire transfer -  
SWIFT/BIC Code - WFBIUS6S (payments in USD)

Bank Info - Wells Fargo Bank, N.A.  
420 Montgomery  
San Francisco, CA 94104

Account # - 5740983415

Account Name - ABIJC USA  
7347 Alicante Rd #D  
Carlsbad, CA 92009

And if needed CHIPS Participant – 0407

## Tournament Waiver

In signing and submitting this entry, all participants, parents/guardians and any guests release the host facilities, the ABIJC, and event committee from any liability relating to all risk and danger incidental to the Game of Golf, whether occurring prior to, during or subsequent to the actual playing of the game, including specifically (but not exclusively) the risk and danger of injury from being struck by golf clubs or golf balls regardless of whether said injury is the result of negligence, active or passive. In case of an emergency during any event hosted by the ABIJC, in the absence of a parent or legal guardian, I authorize the treatment of the applicant named on this application to receive medical treatment from qualified medical personnel and if necessary be transported by emergency medical personnel to a hospital emergency room. As a participant of the ABIJC you are authorizing the use of any photographs or likeness taken of the applicant named on this application during the participation of the event to be used by ABIJC for publicity purposes.