

BOWLING FEDERATION OF ALBERTA

YBC

A5PBA CLUB55+

A10PA MBA



ALBERTA
SPORT
Connection

2017 SUMMER YOUTH 5 PIN BOWLING SCHOOL MOUNT ROYAL UNIVERSITY & CHINOOK BOWLADROME - CALGARY, AB

REGISTRATION/APPLICATION FORM

MUST be accompanied by Registration Fee of \$300.00
Post-Dated Cheques dated later than June 20th, 2017
WILL NOT BE ACCEPTED AND WILL BE RETURNED!!

Bowler's Name: _____ Male: _____ Female: _____
(Print Bowler's Name)

(Street Address) (City/Town) Postal Code _____

Email Address: _____ Date of Birth: Month _____ Day _____ Year _____

Age as of August 10th, 2017: _____ Average as of March 2nd, 2017: _____ Jacket Size _____

Bowling Centre: _____ City/Town: _____

MEDICAL INFORMATION:

Doctor' Name: _____ Phone No.: _____

Please list any medical problems or allergies suffered by this individual, as well as any specific medical conditions or medications used, etc.:

In the event of any injury, illness, or mishap during the travel to and from Edmonton, or during my child's participation in the 2017 Alberta Summer Youth Bowling Camp, I waive responsibility of the Bowling Federation of Alberta, or any persons acting on their behalf through the Alberta Summer Youth Bowling Camp. As parent/guardian, I understand that any violation of the rules by _____ (Bowler's Name) during the period of August 10th through August 13th, 2017 may result in immediate dismissal from the Camp.

RETURN PAGES 1 AND 2 TO BE BFA OFFICE - NO LATER THAN APRIL 30th, 2017!
APPLICATIONS RECEIVED AFTER THIS DATE MAY BE REFUSED.

(See Page 2)

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Contract of Agreement

1. The "NO SMOKING" rule will be strictly adhered to within the Bowling Centre (s), in the Mount Royal University residence, at all planned functions, and while in transport to and from any function of the Camp.
2. The consumption of alcoholic beverages or the use of any non-prescription medication, stimulants or depressants, in any manner, will not be allowed by participants or coaches, unless the medication has been indicated above and approved by the Camp Coordinator(s).
3. All participants must attend all functions planned for their enjoyment and instruction.
4. All participants will travel to and from all planned functions with the contingent, on the transportation provided.
5. Rooming arrangements will be made by the Camp Coordinator(s). Participants must stay in the room to which they have been assigned.
6. For reasons of personal safety and responsibility, curfews as set out by the Camp Coordinator(s) must be adhered to.

Signed: _____ (Parent/Guardian)

Date: _____ Phone: _____ (Home) _____ (Bus.)

Signed: _____ (Camp Participant)