



## 2019 - 2020 Registration Form

Family Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province. \_\_\_\_\_

Postal Code: \_\_\_\_\_ Contact #: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

(MMM / DD / YYYY)

Email address: \_\_\_\_\_

2<sup>nd</sup> Email address: \_\_\_\_\_

### Division

#### **Bowlasaurus**

(Not 6 as of Dec. 31<sup>st</sup>)

#### **Bantam**

(Not 11 as of Dec. 31<sup>st</sup>)

#### **Junior**

(Not 15 as of Dec. 31<sup>st</sup>)

#### **Senior**

(Not 20 as of Dec. 31<sup>st</sup>)

**Circle one of the above**

### In case of emergency, please contact:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Shirt Size:** \_\_\_\_\_

**Note:** Allow some room for movement but the shirt should fit comfortably.

### **Health card#** \_\_\_\_\_

Please list below any illness or information that we should be aware of concerning your child, i.e. diabetes, hyperactivity, allergies, physical challenges etc.

\_\_\_\_\_  
\_\_\_\_\_

### **Waiver:**

I acknowledge that all the information above is correct. If the bowler decides to quit, a coach or the program director must be notified. I understand and accept all risks and responsibility associated with the bowler's participation in this activity and related events. All under aged bowlers must have a parent or guardian present at all times.

I agree and accept the terms above.

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

### **For Office use only**

Payment Rec'd \_\_\_\_\_

Family Plan                      Y      N

Registration No. \_\_\_\_\_