28TH Annual - Saskatchewan Youth Bowling School August 21-24 – 2014 – Registration Form

Athlete Name _____ **Male/Female Date of Birth** _____ **Age as of Dec. 31st 2014** _____ **Bowler av.** _____

Mailing Address _____ City/town _____ Prov: _____ P.C. _____ PH# _____

Parent email_____ **Bowler email** _____ Bowling center _____

REGISTRATION FEE (please check off the appropriate response) **Cheque(s) payable to**: *Bowling Federation of Saskatchewan*

- ☐ **$150** Day School – limited to those youth bowlers 09 – 12 years of age as of Dec. 31st 2014 (**12 yr olds are also eligible for the full 4 day school**)
- ☐ **$385** Full 4 Day School – limited to youth bowlers 12-19 years of age as of Dec. 31st 2014

PAYMENT- PLEASE SUBMIT ALL REGISTRATIONS WITH PAYMENT(S) ENCLOSED

- ☐ Full payment included (circle your payment) $385
- ☐ TWO PAYMENTS ENCLOSED $200. and $185.(**dated no later than Aug 1st**) **MUST** enclose all cheques WITH REGISTRATION)
- ☐ DAY SCHOOL FULL PAYMENT REQUIRED $150 (dated no later than Aug 1st) **MUST** enclose all cheques WITH REGISTRATION)

REFUNDS will NOT be made after JULY 15

HEALTH INFORMATION

Provincial Hospitalization Number _____ Family Doctor _____ Dr. Phone # _____

Primary Emergency Contact Person during the Bowling School _____ Relationship _____ Contact Phone Number _____

Secondary Emergency Contact Person during the Bowling School _____ Relationship _____ Contact Phone Number _____

ALLERGIES AND SPECIAL MEDICAL CONDITIONS

Does your son or daughter take a **prescribed** medicine at some point during each 24 hour period? **YES NO (if YES explain what, why, when)**

Please list any medical concerns and the appropriate action required (meds, allergies, conditions, hospitalization risk, etc)

SPORT DETAILS (check off the appropriate boxes)

☐ My participation in bowling is typically limited to league play.	☐ I want to improve my skills but it is low on my priority list of things to do.
☐ My participation in bowling typically includes league and practice on a regular basis.	☐ I enjoy competition and find competition to be a big factor in my decision to bowl.

SCHOOL EXPECTATIONS AND CONSENT

I (_____) understand I must abide by all rules and expectations of the Sask Youth Bowling School. I understand that I may be removed and sent home a.s.a.p. if I demonstrate ANY disregard for School expectations. My participation in the Bowling School is supported and given consent by _____.Signature (s) Parent and Youth_____ _____ _____

(youth bowler name) (parent, legal guardian – please print name) Parent Signature Student Youth Bowler Signature Date

MAIL FORM TO: SASK. YOUTH BOWLING SCHOOL 2929 LOUISE STREET SASKATOON, SASK. S7J 3L1