Youth Bowler Name (print)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GENDER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGE (as of Dec. 31st -2020) \_\_\_\_\_\_\_\_ Bowling Average \_\_\_\_\_\_\_\_\_\_\_\_

Your Mailing Address - Print

Email address (please print neatly) Confirmation of registration via EMAIL only.

YOUTH SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please identify what school program you are registering for;

* DAY SCHOOL – ages 9-12 only (held August 20 only)
* 4 Day MAIN SCHOOL - August 20-23 – Must be no older than 19 as of Dec. 31st 2020

**REGISTRATION FEE INFORMATION**

* Will this be your first year attending the **main 4 Day Bowling School**? \_\_\_\_\_\_ IF yes your registration fee is $300.
* I prefer to pay in one lump sum, by cheque – the total of $300 (please include a current or post-dated cheque with registration)
* I prefer to pay via installments, by cheque – total of $300 (please include all current or post-dated cheques with registration)

**Youth bowlers who have PREVIOUSLY ATTENDED our main 4 Day Bowling School** - you have two payment options – Identify your option.

* **Option #1** (for those returning to the 4 Day school) REGISTRATION fee $375 (all inclusive; hotel, meals, transportation to and from lanes, lineage, and instruction) you may pay in one lump sum, or via installments (as long as the total amount is paid by August 1)
	+ I prefer to pay in one lump sum, by cheque – the total of $375 (please include a current or post-dated cheque with registration)
	+ I prefer to pay via installments, by cheque – total of $375 (please include all current or post-dated cheques with registration)
* **Option #2** (for those returning to the 4 Day School) REGISTRATION fee $300 (athlete covers their own accommodation, breakfast, and transportation to and from the lanes) you may pay in one lump sum, or via installments (as long as the total amount is paid by August 1)
	+ I prefer to pay in one lump sum, by cheque – the total of $300 (please include a current or post-dated cheque with registration)
	+ I prefer to pay via installments, by cheque – total of $300 (please include all current or post-dated cheques with registration)

**DAY SCHOOL** – Open to youth ages 9-12 (as of Dec 31, 2020) HELD AT NORTOWN LANES ONLY ON THURSDAY AUGUST 20TH 12:30-8PM

* **Registration fee $150** – Payable to Saskatchewan Youth Bowling School
* **Meet us at the LANES** (NORTOWN LANES) @ 12:30PM

Payment methods (**personal cheque, certified cheque, money order**) All payments made to: Sask. Youth Bowling School. Mail payment to; Tom Paterson #601-455 REMPEL LANE, Saskatoon, Sask. S7T 0R8 PLEASE COMPLETE BACK SIDE OF THIS FORM FOR **EMERGENCY CONTACTS & HEALTH RELATED** INFORMATION.

**PLEASE PRINT ALL INFORMATION**

YOUTH NAME (on health card) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HEALTH CARD # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GENDER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAMILY DR (name & contact info) NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CONTACT Ph# (DOCTOR) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY FAMILY CONTACTS (PLEASE LIST AT LEAST 3 CONTACTS – IN ORDER OF FIRST RESPONSE)

CONTACT #1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RELATIONSHIP TO YOUTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE(S) CELL \_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE (WORK/home) \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

CONTACT #2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RELATIONSHIP TO YOUTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE(S) CELL \_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE (WORK/home) \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

CONTACT #3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_RELATIONSHIP TO YOUTH \_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE(S) CELL \_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE (WORK/home)\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH CONCERNS**

* Allergy(s) please list\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IS treatment Self-administered? CIRCLE YES – NO
* Typical Treatment – list and explain **MEDICATION NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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**OTHER HEALTH CONCERNS ANY MEDICATIONS** (PLEASE LIST) Please attach additional sheet IF needed.

**Name it** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is treatment Self-administered? CIRCLE YES – NO **MEDICATION – NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe treatment protocol \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name it** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is treatment Self-administered? CIRCLE YES – NO **MEDICATION – NAME**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe treatment protocol \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name it** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is treatment Self-administered? CIRCLE YES – NO **MEDICATION – NAME** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe treatment protocol \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_