Minimum age 12 as of December 31, 2022

Max age 19 as of December 31, 2022

**PLEASE PRINT ALL INFORMATION NEATLY**

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment**

* **DAY SCHOOL PAYMENT ENCLOSED $150 SATURDAY Aug 27**
* **3 DAY MAIN SCHOOL** **PAYMENT IN FULL ENCLOSED $380 Aug 26-28 – with hotel included in price**
* **3 DAY MAIN SCHOOL PAYMENT IN FULL ENCLOSED $350 Aug 26-28 (hotel not included)**
* **4 DAY MAIN SCHOOL PAYMENT IN FULL ENCLOSED $410.00 AUG. 25-28 – with hotel included in price**
* **4 DAY MAIN SCHOOL PAYMENT IN FULL ENCLOSED $380 – hotel not included in price**
* **ALSO**…PLEASE CHECK THIS BOX IF…YOU ARE PROVIDING Post dated CHEQUES, (each for half the price of the school package selected) The last cheque dated no later than Aug 1, 2022
* **Payment made by Etransfer available send to** [**2022sybs@gmail.com**](mailto:2022sybs@gmail.com)

ENLCOSE ALL CHEQUE(S) WITH REGISTRATION. Please date all cheques for no later than **AUGUST 1st** **PAYABLE TO** Sask. Youth Bowling School (31 LENNON CRES. SASKATOON S7L 6K1)

Please PRINT all information neatly

**AGE** as of **December 31st** 2021 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mailing address**

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

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

Approx. Average \_\_\_\_\_\_\_ Bowling Center \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**THIS IS A TWO PAGE DOCUMENT – PLEASE SEE REVERSE SIDE FOR ANY MEDICAL or dietary concerns.**

**With the completion of this document I provide my consent for my son/daughter to participate in the school.**

**Print Youth Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Parent (or) Primary Care giver)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Youth**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent (or) Primary Care giver)**

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

**EMERGENCY CONTACT INFORMATION** (please **PRINT**) NAME AND PHONE NUMBERS

Name of Contacts & relevant phone numbers

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

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**MEDICAL HISTORY FOR** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* I HAVE ALERGIES OR MEDICAL CONCERNS
* NO I DO NOT HAVE ALLERGIES OR MEDICAL CONCERNS

**HEALTH CARD** # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NAME OF DOCTOR OR SPECIALIST** (please print)

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

**CONTACT # OF DOCTOR OR SPECIALIST** (please print)

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

**THIS IS A TWO PAGE DOCUMENT – PLEASE SEE REVERSE SIDE FOR BASIC REGISTRATION INFORMATION**

* My son/daughter have no allergies OR medical concerns (including diet)
* Allergies (self-administer medications)
* Allergies (assistance with meds – reminders, preparing)
* Allergies level of threat to your life
  + Must avoid, lethal
  + Dramatic side effects

**TYPE OF ALLERGIES AND SPECIFIC MEDS AND OR MEALS REQUIRED**

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

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ALL YOUTH and STAFF PARTICIPATING IN THE 2022 YOUTH BOWLING SCHOOL MUST PROVIDE PROOF OF FULL & CURRENT COVID VACINATIONS (this includes booster shots IF applicable.

* YES ALL my COVID vaccinations are completed and up to date.
* YES I will provide PROOF upon Registration day Aug 25, 2022

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

**OTHER MEDICAL CONDITION(S**) PLEASE DESCRIBE IN DETAIL AND LIST MEDS IF REQUIRED

* YES Administers medications independently
* MY SON/DAUGHTER will require assistance with medications etc. as noted below.

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

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**MAIL REGISTRATION TO**: Sask. Youth Bowling School **c/o Tom Paterson** 31 LENNON CRES. SASKATOON S7L 6K1 (CHQ’s **payable to Sask. Youth Bowling Schoo**l) Registration based on date received. Confirmations sent by EMAIL ONLY. **Questions:** Tom Paterson [2022sybs@gmail.com](mailto:2022sybs@gmail.com) OR 306 227-1875

**Please PRINT all information neatly**.