

## **Bowler Information**

•	Full Name:
•	Date of Birth (DD/MM/YYYY):
•	Favorite Colour:
•	Favorite Animal:
•	Favorite Food:
Par	ent/Guardian Information
•	Name(s):
•	Relationship to Bowler:
•	Phone (primary):
•	Phone (secondary):
•	Email:
•	Address:
Em	
Eme	Address:ergency Contact (if different from above)  Name: Phone:
Eme	Address:ergency Contact (if different from above)  Name: Phone: Relationship to Bowler:
Eme	Phone: Relationship to Bowler:



## **Waiver & Consent**

I, the undersigned parent/guardian, acknowledge that bowling is a physical activity and carries inherent risks. I release St. James Lanes, its staff, and volunteers from liability for injury, accident, or loss that may occur during program activities. I give permission for my child to participate fully in the St. James Lanes Youth Bowling Program.

As part of the St. James Lanes Youth Bowling Program, each bowler is required to participate in the annual fundraising initiative. For this season:

• One (1) box of chocolates must be sold in order to qualify for free registration. Payment must be made prior to receiving the case of chocolates to take home to **sell.** Chocolate commitment must be paid by the October 4th deadline. ☐ I consent to photos/videos of my child being taken and used for program promotion (social media, website, etc.). ☐ I do not consent to photos/videos of my child. Parent/Guardian Signature: Date: Office Use Only Registration by:
\_\_\_\_\_\_\_ Registration #: \_\_\_\_\_\_\_ Date: \_\_\_\_\_ **Division/Group:** ○ ☐ Bowlasaurus ( 2018 - 2023) ○ □ Bantam ( 2017 - 2015) ○ ☐ Junior (2014 - 2012)

○ □ Senior (2011 - 2006)

NOTES: