

**25<sup>TH</sup> Annual - Saskatchewan Youth Bowling School August 12<sup>th</sup> – 15<sup>th</sup> 2010 – Registration Form**

Athlete Name \_\_\_\_\_ Male/Female Date of Birth \_\_\_\_\_ Age as of Dec. 31<sup>st</sup> 2010 \_\_\_\_\_ Bowler av. \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City/town \_\_\_\_\_ Prov: \_\_\_\_\_ P.C. \_\_\_\_\_ PH# \_\_\_\_\_  
 Parent email \_\_\_\_\_ Bowler email \_\_\_\_\_

**REGISTRATION FEE** (please check off the appropriate response) **Cheque payable to: SASKATCHEWAN YOUTH BOWLING SCHOOL**

- \$125 Day School - limited to those youth bowlers 10 – 12 years of age as of Dec. 31<sup>st</sup> 2010
- \$380 Full 4 Day School - Saskatchewan Resident - limited to youth bowlers 13-19 years of age as of Dec. 31<sup>st</sup> 2010
- \$450 Full 4 Day School - Out of Province Participant - limited to youth bowlers 13-19 years of age as of Dec. 31<sup>st</sup> 2010

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

Full payment included  
**TWO EQUAL PAYMENTS ENCLOSED (dated no later than July 1<sup>st</sup> 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. My participation in bowling typically includes league and practice on a regular basis.	I want to improve my skills but it is low on my priority list of things to do. I enjoy competition and find competition to be a big factor in my decision to bowl. I very much want to improve, and I have been committed to practice regularly.
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**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  
(youth bowler name) 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 \_\_\_\_\_  
(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**