

**2024 REGISTRATION FORM – SASKATCHEWAN YOUTH BOWLING SCHOOL
AUGUST 15 – 18, 2024**

Athlete's Name: _____

Athlete's Age as of December 31, 2024: _____

Athlete's Current Average (approx.): _____

Bowling Centre(s): _____

Parent or Primary Caregiver Name: _____

Parent or Primary Caregiver Phone Number(s): _____

Parent or Caregiver E-mail Address: _____

Mailing Address: _____

Emergency Contact Name: _____

Emergency Contact Phone Number(s): _____

Emergency Contact E-mail Address: _____

School Options:

Day School, Cost: \$160.00 (To be held on Saturday, August 17)

4 Day School WITH Hotel, Cost \$450.00

My athlete would like to room with _____

(list one or two preferred roommates and we will try to accommodate at least one request)

4 Day School WITHOUT Hotel, Cost \$420.00

Payment Options:

Full Payment Enclosed via Cheque (Please make all cheques payable to Saskatchewan Youth Bowling School, c/o Allison Rayburn, 3153 Massey Drive, Saskatoon, SK, S7K 3L7)

Full Payment Sent via e-transfer (Please send to afayburn@gmail.com and include the Athlete's name in the notes section)

HALF Payment via:

Enclosed Cheque;

E-transfer.

***** PLEASE NOTE that the second half payment is due no later than July 5, 2024.*****

With the completion of this document, I provide my consent for the above named Athlete to participate in the school.

Parent/Primary Caregiver Signature

Date

(Please complete Page 2)

MEDICAL INFORMATION FOR _____

(Name of Athlete)

Health Card # _____

Doctor Name: _____

Doctor's Phone Number: _____

Allergies or Medical Concerns:

NONE

YES – Allergens with reactions and severity, Medical Concerns are as set out below:

Medications:

NONE

YES – Medication type, dosage, reason as set out below:

Athlete will self monitor and administer medication:

NO

YES

Dietary Restrictions:

NONE

YES – As set out below:

Other Medical Conditions or Concerns (please describe in detail):

COMPLETED REGISTRATION FORMS CAN BE RETURNED VIA:

- E-mail to saskyouthbowlingschool@gmail.com; OR
- Mail to SK Youth Bowling School, c/o Allison Rayburn, 3153 Massey Dr, Saskatoon, SK, S7L 3X7.

Confirmation of receipt will be sent via e-mail to the Parent/Caregiver e-mail noted on Page 1.

CONFIRMATION OF REGISTRATION AND PAYMENT RECEIPT WILL ONLY BE ISSUED ONCE FULL PAYMENT IS RECEIVED.

Questions or Concerns: Please contact Allison Rayburn via e-mail at saskyouthbowlingschool@gmail.com or via phone at 306-716-0831.

NOTE: ENROLLMENT IS LIMITED TO 60 ATHLETES FOR THE FULL 4 DAY SCHOOL

Does your family have financial barriers? KidSport or JumpStart may be able to assist.

<https://kidsportcanada.ca/saskatchewan/provincial-fund/>

<https://jumpstart.canadiantire.ca/pages/individual-child-grants>

NOTE: SK Youth Bowling School is not connected to any financial assistance programs and is not liable for any acceptance or rejection to a program.