



**Team Manitoba Bowling School (Day Camp for Bantam Bowlers) Bantam Registration Form**  
 August 22, 2024 9:30 AM to 3:30 PM

- This is part of three (3) pages of documentation, including a disclaimer.
- *Please print legibly and please sign or initial all three (3) pages.*
- Confirmation of application receipt will be sent by e-mail only.
- Registration is limited and will be accepted based on a first come, first served basis.
- Athletes must be at least six (6) years of age as of August 1st, 2024.
- Registration fee is \$85.00 per athlete / includes lunch and snacks.
- Please make cheques or money orders payable to: Team Manitoba Bowling School
- Payment must be included with this application / please date all cheques for August 1st, 2024.
- Please forward completed documentation to: Team Manitoba Bowling School  
 c/o 257 Bartlet Avenue, Winnipeg, Manitoba, R3L 0Z7  
 Attention: Lorne Sproule
- Athletes must be checked in and out by a parent / guardian.
- Electronics will be shut off during the sessions and may be used only at lunch and breaks.

**ATHLETE REGISTRATION:**

Athlete's Name: \_\_\_\_\_ Athlete's Age as of August 1st, 2024: \_\_\_\_\_

Athlete's Signature: \_\_\_\_\_  Female  Male  Other

Parent / Primary Caregiver Name (Print): \_\_\_\_\_

Parent / Primary Caregiver's Signature: \_\_\_\_\_

Parent / Primary Caregiver's Phone #: \_\_\_\_\_ Athlete's Approximate Average: \_\_\_\_\_

Athlete's E-Mail Address: \_\_\_\_\_ Bowling Centre: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Your Regular Coach: \_\_\_\_\_

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

What best describes your practice routine?

I practice regularly, all season long

I practice when I make a team/singles event

I rarely/never practice

Emergency Contact Information (please print clearly):

Name #1: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name #2: \_\_\_\_\_

Phone #: \_\_\_\_\_

Shirt Size: please circle one

Youth: S M L XL

Adult: S M L XL XXL XXXL



**Please print all information clearly**

Medical Information (Athlete's Name): \_\_\_\_\_ Health Card #: \_\_\_\_\_

Name of family doctor: \_\_\_\_\_ Contact # for family doctor: \_\_\_\_\_

**Allergies:**

I have allergies or medical concerns

I do not have allergies or medical concerns

If you have allergies or medical concerns, please explain:

---

---

---

Allergies (self-administered medication(s))

Allergies (requires assistance with reminders/preparation)

Allergies – level of threat (circle appropriate one)    1. must avoid / lethal    2. dramatic side effects    3. minor

**Dietary:**

My daughter/son has dietary restrictions

Yes

No

If yes, please explain:

---

---

---

➤ Questions? E-mail: [lsproule@mts.net](mailto:lsproule@mts.net) or a leave a voice message at (204) 453-6045

**\*REGISTRATION DEADLINE IS: JUNE 15<sup>TH</sup>, 2024\***



## Team Manitoba Bowling School (for Youth and Coaching Development) Disclaimer

### Refund Policy

Full refunds will be provided, if requested before July 31<sup>st</sup>, 2024. A 50% refund will be provided, if requested after August 1<sup>st</sup>, 2024, until August 10<sup>th</sup>, 2024. No refunds will be issued after the 11<sup>th</sup>, except for medical reasons, substantiated by a doctor's note. The Team Manitoba Bowling School reserves the right to cancel the program, should there be insufficient registrations. If this occurs, a full refund will be issued. To withdraw from the program, email Lorne Sproule at [lsproule@mts.net](mailto:lsproule@mts.net), or call (204)453-6045.

### General Permission and Consent

#### Photography and Use of Image

I give the Team Manitoba Bowling School, its employees, staff, coaches, and volunteers permission to use my child's photographs and likeness in any program informational / marketing material in any medium, and / or to televise my child's participation in program activities for the purposes of promotion, marketing, fundraising, documentation, and public display.

Please INITIAL: Yes \_\_\_\_\_ No \_\_\_\_\_

#### Informed Consent

I hereby give consent for my child's participation in the Team Manitoba Bowling School (the program) and related activities. I understand that there are inherent risks in participating in any physical activity and I agree that the Team Manitoba Bowling School and the participating bowling centres, their employees, staff, coaches, and volunteers will not be held liable for any injury to my child, or loss of or damage to my child's personal property. In consideration of my child being allowed to participate in the program, I, the parent / guardian of the child, on behalf of my child, waive all present and future claims against the Manitoba Bowling School and the participating bowling centres, their employees, staff, coaches, and hereby release them from and against all liabilities, claims, actions, demands, costs, and expenses relating to injury, illness, death, loss, damage to person or property or loss of property, foreseen or unforeseen, however caused, arising out of or in connection with my child's participation in the program. I, on behalf of my child, also agree to indemnify the Team Manitoba Bowling School and the participating bowling centres, their employees, staff, coaches, and volunteers for, on account of any claim or by reason of any claim advanced against any of them, arising out of my child's participation in the program.

#### Medical Consent

I understand that it is my responsibility to release any medical information that I believe the Manitoba Bowling School staff and instructors should be aware of. I understand and agree that the medical information will be shared with program instructors as required. In the case of an emergency regarding my child, I understand that every effort will be made to contact the parents / guardians or the emergency contact person. In the event that no one can be reached in an emergency situation, I hereby give permission to licensed emergency and health care personnel to provide treatment / services necessary to maintain the health of my child. In the event that medical advice, medication, treatment and / or equipment are required, I agree to accept financial responsibility for fees in excess of provincial or private medical insurance. I agree that the information on this form may be disclosed to such emergency and health care personnel. In the event of illness, accident, or emergency, or any other circumstance requiring medical treatment, such treatment may be procured for the participant without legal or financial obligation to the Team Manitoba Bowling School and the participating bowling centres, their employees, staff, coaches, and volunteers.

I have read, understood and agree to the terms of the General Permission and Consent and the Refund Policy.

Parent / Guardian Name (printed): \_\_\_\_\_ Athlete's Name: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_