



Team Manitoba Bowling School (for Youth and Coaching Development) Coach's Registration Form

August 22nd – 25th, 2024

Coaches only session, August 22nd (7:00 pm – 9:30 pm) at St. James Lanes

- 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.
- Registration fee is \$90.00 per coach / includes lunch and snacks.
- \$50.00 of your registration fee can be applied to your 2024 / 2025 MBAM base membership.
- 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
257 Bartlet Avenue, Winnipeg, Manitoba, R3L 0Z7
Attention: Lorne Sproule
- Electronics will be shut off during the sessions and may be used only at lunch and breaks.

COACH REGISTRATION:

Coach's Name (print): _____

Coach's Signature: _____ Female Male Other

Phone #: _____ Approximate Average: _____

E-Mail Address: _____ Bowling Centre: _____

Mailing Address: _____ YBC Divisions Coached: _____

What best describes your program's practice routine?

Practice regularly, all season long

Practice when athletes make teams/singles event

Rarely/never practice

Emergency Contact Information (please print clearly):

Name #1: _____

Phone #: _____

Name #2: _____

Phone #: _____

Respect in Sport Certification #: _____

Shirt Size: please circle one

Ladies S M L XL XXL Men's S M L XL XXL XXXL



Please print all information clearly

Medical Information (Coach'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:

I have dietary restrictions

Yes

No

If yes, please explain:

- Coaching sessions will run 7:00 pm - 9:30 pm Thursday; 8:45 am - 4:15 pm Friday & Saturday; 8:45 am - 4:00 pm Sunday
- Consumption of alcoholic beverages or use of recreational drugs will not be tolerated during sessions
- Smoking breaks will be limited to scheduled snack and lunch break times
- Questions? E-mail: lsroule@mts.net or leave a voice message at (204) 453-6045

REGISTRATION DEADLINE IS: JUNE 15TH, 2024



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

Refund Policy

Full refunds will be provided, if requested by July 31st, 2024. A 50% refund will be provided, if requested after August 1st, 2024, until August 10th, 2024. No refunds will be issued after the 10th, 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 lsroule@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 photographs and likeness in any program informational / marketing material in any medium, and / or to televise my participation in program activities for the purposes of promotion, marketing, fundraising, documentation, and public display.

Please Initial: Yes _____ No _____

Informed Consent

I hereby give my consent as a 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 person, or loss of or damage to my personal property. In consideration of my participation in the program, I 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 participation in the program. I 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 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 should be aware of. I understand and agree that the medical information will be shared with licensed emergency and health care personnel as required. In the case of an emergency, I understand that every effort will be made to contact 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 my health. 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 me 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.

Coach's Name (printed): _____

Coach's Signature: _____

Date: _____