



Ontario 5 Pin Bowlers' Association

Mailing Address Only: 5-18 Ringwood Drive, Suite 129, Stouffville, Ontario, L4A 0N2
Telephone: (416) 426-7167 E-Mail: o5pba@o5pba.ca Website: www.o5pba.ca

2024-2025 Membership Application Form

C5 Registration #

Name:	
Address:	
City:	Postal Code:
Email Address:	
Contact Telephone Number:	
Date of Birth: (Month) (Day) (Year) (Gender)	

New Member	
Returning Member	
Membership Type	
O5 / Zone / DC Director	
Tournament	
Regular	
Senior	
Special Olympics	
Blind	
YBC Youth League	
YBC Grad	
Duplicate	
Life	

Zone/ DC Association:
Bowling Centre:
League Name:
League Secretary:

Do you bowl in another League? (Yes) (No)	
If YES please list the League(s) below and indicate the type of membership in said League	Type

Self Identify Groups (optional)	
New Canadian	
Woman or girl	
Athlete with disability	
Indigenous person	
LGBTQ	
Child of low income family	

Rules and Regulations of 5 pin bowling can be reviewed at your discretion by accessing www.c5pba.ca Rule Book
Membership Benefits are listed on www.o5pba.ca

Are you a NCCP Coach? If yes at what level?	Community	Enter NCCP #	Check here to opt out of receiving electronic correspondence from our association.
	Competitive	Years coached	

COVID-19

The COVID-19 disease has been declared a worldwide pandemic by the World Health Organization and is extremely contagious. The Ontario 5 Pin Bowlers' Association (O5PBA) has put in place preventative measures to reduce the spread of COVID-19; however, the O5PBA cannot guarantee that the Participant will not become infected with COVID-19 or any other contagious disease. Further, participating in the Activities could increase the Participant's risk of contracting COVID-19 or any other contagious disease. By signing this form, you acknowledge the risks involved and will not hold the Ontario 5 Pin Bowlers' Association or any of its Zones/Decentralized Associations responsible.

The information collected will not be sold or given out to other associations without the Participant's consent.
Note: Giving false information may disqualify you the bowler from any membership benefits.

CONSENT FOR USE OF PERSONAL INFORMATION AND PHOTO RELEASE

- I, the undersigned, authorize **O5PBA** (the "Organization") to collect and use personal information about the Registrant for the purpose of receiving communications and the purposes described within the Organization's *Privacy Policy*.
- Furthermore, I grant permission to the Organization to photograph and/or record the Registrant's image and/or voice on still or motion picture film and/or audio tape, and to use this material to promote the sport and/or the Organization through the media of newsletters, websites, television, film, radio, print and/or display form. I understand that I waive any claim to remuneration for use of audio/visual materials used for these purposes.
- I understand that I may withdraw my consent at any time by contacting the O5PBA Office. They will advise me of the implications of my withdrawal.

ACCEPTANCE OF TERMS AND CONDITIONS INCLUDING COVID-19

In consideration of the acceptance of the Registrant's membership in the Organization, I agree that the Registrant will:

- Abide by the policies, rules and regulations of the Organization.
- Accept sole responsibility for the Registrant's personal possessions and athletic equipment.

I acknowledge that I have read this registration agreement in its entirety and that I have executed this registration agreement voluntarily.

By signing my name below and checking the "I Agree" box, I agree that I am bound by all that is contained in this Registration Form.

Signature of Participant

Date

I AGREE

Signature of Participant's Parent/Guardian if under 18

Date

I AGREE

For office use only

Date Approved:

Approved by: