



# 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

## 2025-2026 Membership Application Form

C5 Registration #

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

New Member	<input type="checkbox"/>
Returning Member	<input type="checkbox"/>
<b>Membership Type</b>	
O5 / Zone / DC Director	<input type="checkbox"/>
Tournament	<input type="checkbox"/>
Regular	<input type="checkbox"/>
Senior	<input type="checkbox"/>
Special Olympics	<input type="checkbox"/>
Blind	<input type="checkbox"/>
YBC Youth League	<input type="checkbox"/>
YBC Grad	<input type="checkbox"/>
Duplicate	<input type="checkbox"/>
Life	<input type="checkbox"/>
<b>Self Identify Groups (optional)</b>	
New Canadian	<input type="checkbox"/>
Woman or girl	<input type="checkbox"/>
Athlete with disability	<input type="checkbox"/>
Indigenous person	<input type="checkbox"/>
LGBTQ	<input type="checkbox"/>
Child of low income family	<input type="checkbox"/>

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

Rules and Regulations of 5 pin bowling can be reviewed at your discretion by accessing [www.c5pba.ca](http://www.c5pba.ca) Rule Book  
 Membership Benefits are listed on [www.o5pba.ca](http://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	

By participating in any event, activity, or program organized by the Ontario 5 Pin Bowler's Association (O5PBA), I acknowledge and accept that participation involves certain inherent risks, including but not limited to the risk of injury or illness. I confirm that I am physically able to participate and have not been advised otherwise by a medical professional. I freely and voluntarily assume all such risks, and I agree that I will not hold the O5PBA, its officers, directors, volunteers, or affiliates liable for any injury, loss, or damage that may arise from my participation. By signing or continuing to participate, I confirm that I have read, understood, and agreed to the above.

**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

1. 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*.
2. 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.
3. 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

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

1. Abide by the policies, rules and regulations of the Organization.
2. 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: