

**ONTARIO 5 PIN BOWLERS' ASSOCIATION  
O5PBA/YBC BOWLING SCHOOL  
OFFICIAL APPLICATION FORM  
BRANTFORD, ONTARIO  
JULY 15<sup>TH</sup> – 19<sup>TH</sup>, 2026**

**PLEASE RETAIN THIS PAGE  
FOR YOUR RECORDS**

**SEND ALL REMAINING PAGES ALONG WITH DEPOSIT OR FULL  
PAYMENT TO THE MAILING ADDRESS BELOW:**

ONTARIO 5 PIN BOWLERS' ASSOCIATION  
Suite 129, 5-18 Ringwood Drive  
Stouffville, Ontario, L4A 0N2

**PAYMENT PLANS**

Plan (1)	Thursday A.M. Arrival: \$600.00 (includes HST)
Plan (2)*	Wednesday P.M. Arrival: \$650.00 (includes HST)
Plan (3)	Thursday to Sunday – NO ACCOMMODATIONS – \$450.00 (includes HST) – Participant is dropped off and picked up from bowling centre

\*Plan 2 can only be accessed with **prior approval** by the O5PBA Office.

**O5PBA Bowling School fees are due and payable in FULL by MAY 30<sup>th</sup>.  
A \$50.00 deposit (or full payment) must accompany this application. Payment  
can be CASH, CHEQUE OR eTRANSFER.**

**CANCELLATION POLICY**

The following cancellation policy will be in effect for any students who withdraw from the O5PBA Bowling School:

- 60 Days prior – Full Refund
- 30 Days prior – Refund less \$50.00 Deposit if replacement found
- No Notice – No Refund

Enquiries can be directed to:

Phone: 416-426-7167 Fax: 416-426-7167  
Email: [o5pba@o5pba.ca](mailto:o5pba@o5pba.ca)

Or visit our web site at "[www.o5pba.ca/bowling-school](http://www.o5pba.ca/bowling-school)" for forms and information.

A minimum number of registrations must be on file by June 6<sup>th</sup>, otherwise the School could be cancelled, and all monies refunded. The school is open to current YBC members between the ages of 13 to 18 as of December 31<sup>st</sup> for the given season.

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O5PBA/YBC BOWLING SCHOOL  
OFFICIAL APPLICATION FORM  
BRANTFORD, ONTARIO  
JULY 15<sup>TH</sup> – 19<sup>TH</sup>, 2026**

APPLICANT'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

AGE AS OF July 1<sup>st</sup>, 2026 \_\_\_\_\_

(Open to current members of the YBC between the ages of 13 and 18 as of December 31<sup>st</sup>, 2025)

**PLEASE RETURN PAGES 1 to 7 ALONG WITH DEPOSIT OR FULL  
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application. Payment details on PAGE 4.**

I wish to participate in the O5PBA Bowling School: (Please Check One):

- Self-Pay Plan  
 Payment Through Zone/YBC: \_\_\_\_\_

I wish to participate under the following Plan: (Please Check One):

- Plan (1) or  Plan (2) or  Plan (3)

**CANCELLATION POLICY**

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**All correspondence and invoices will be sent to the Parent / Guardian ELECTRONICALLY via Email, unless by mail is indicated.**

**\*\* This page must be completed in full regardless of students age \*\***

\_\_\_\_\_  
**NAME OF PARENT / GUARDIAN:**

ADDRESS: SAME AS BELOW      YES       NO   
IF NO, INCLUDE ADDRESS BELOW:

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

TELEPHONE: (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

\_\_\_\_\_  
**EMAIL ADDRESS OF PARENT / GUARDIAN (Please Print Clearly)**

**STUDENT INFORMATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE: (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

EMAIL ADDRESS (Print Clearly): \_\_\_\_\_

GENDER:             MALE       FEMALE

HAVE YOU ATTENDED THE O5PBA BOWLING SCHOOL BEFORE AND IF SO FOR WHAT YEARS:

\_\_\_\_\_

IF YOU HAVE ATTENDED THE O5PBA BOWLING SCHOOL BEFORE:

a)      WHY DID YOU DECIDE TO COME BACK?

\_\_\_\_\_

\_\_\_\_\_

b)      ON YOUR RETURN, WHAT DO YOU HOPE TO ACCOMPLISH?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **BOWLING INFORMATION:**

HOME BOWLING CENTRE: \_\_\_\_\_

WHO IS YOUR COACH? \_\_\_\_\_

WHICH HAND DO YOU BOWL WITH?  RIGHT  LEFT

ON WHICH FOOT DO YOU FINISH YOUR APPROACH?  RIGHT  LEFT

WHAT DO YOU LOOK AT WHEN THROWING YOUR BALL?  A SPOT  
 THE PINS  
 OTHER: \_\_\_\_\_

NUMBER OF YEARS INVOLVED IN BOWLING: \_\_\_\_\_

LAST YEARS ENDING AVERAGE: \_\_\_\_\_

CURRENT YEAR AVERAGE: \_\_\_\_\_

HIGHEST SINGLE: \_\_\_\_\_ HIGHEST TRIPLE: \_\_\_\_\_

WHAT WOULD YOU CONSIDER YOUR MOST SATISFYING BOWLING ACHIEVEMENT IN YOUR CAREER? WHY?

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WHAT GOALS FOR THIS SPORT WOULD YOU LIKE TO ACHIEVE?

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DO YOU HAVE ANY EXPECTATIONS OF THE O5PBA BOWLING SCHOOL? AND ARE THERE ANY SPECIFIC AREAS OF YOUR GAME YOU WOULD LIKE TO WORK ON WHILE AT THE SCHOOL?

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PLEASE LIST YOUR BOWLING CAREER HIGHLIGHTS:

	<u>YEAR</u>	<u>EVENT/ACHIEVEMENT</u>	<u>RANKING/TOTAL</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

WILL YOU BE USING PERSONALIZED BALLS?     YES     NO

EACH STUDENT WILL RECEIVE A SHIRT AT THE SCHOOL. THE SHIRTS ARE AVAILABLE IN THE FOLLOWING **MEN'S SIZES**. PLEASE SPECIFY:

Please try to be as accurate as possible when selecting a size

**SMALL**     **MEDIUM**     **LARGE**     **X-LARGE**     **XX-LARGE**

WHAT, IF ANY, OTHER SPORTS DO YOU PARTICIPATE IN?

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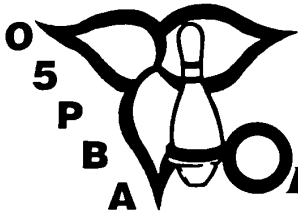
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**PAYMENTS CAN BE MADE BY:**

1. **CASH**
2. **CHEQUE**, payable to **ONTARIO 5 PIN BOWLERS' ASSOCIATION**
3. **eTRANSFER**, to [payments@o5pba.ca](mailto:payments@o5pba.ca) and note **O5PBA BOWLING SCHOOL** and the students name as a reference.





# **Ontario 5 Pin Bowlers' Association**

## **ACKNOWLEDGEMENT OF RISK AND RELEASE OF LIABILITY**

**For Participants Under the Age of Majority in the Province or Territory in which the Athletic Activities are Provided by the Organization**

**WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS, READ IT CAREFULLY!**

**The Parent/ Legal Guardian Must Read and Understand this Waiver Prior to the Minor Participating in Athletic Activities**

The following waiver of all claims, release from all liability, assumption of all risks and other terms of this agreement are entered into by me on behalf of the Minor Participant (the "Minor") with and for the benefit of: **Ontario 5 Pin Bowlers' Association**, its directors, officers, employees, volunteers, business operators, agents and site property owners or Occupiers (the "Organization"). Occupiers are defined in accordance with the definition of Occupiers contained in the Occupiers Liability legislation applicable to the Province or Territory in which the Athletic Activities are provided by the Organization.

**Please Initial Each item below after Reading and Understanding each item:**

1. I am the Parent / Legal Guardian (Circle One) of the Minor and am executing this waiver on behalf of the Minor in my capacity as Parent/Guardian and with the intent that this waiver be binding on myself and the Minor for all legal purposes.

2. "Athletic Activities" includes but is not limited to contact and non-contact sports, fitness activities, personal training instruction and activities, use of facilities, and fitness programs and services provided to the Minor by the Organization.

3. I am aware that there are inherent and significant risks ("Risks") associated with the participation in Athletic Activities. I am aware that those Risks include but are not limited to the potential for serious personal injury caused by any event or any condition of the facility or equipment where Athletic Activities are provided by the Organization, and health risks including but not limited to such as transient light-headedness, fainting, abnormal blood pressure, chest discomfort, muscle cramps or soreness, and nausea. I understand the Risks are relative to the Minor's state of fitness and health (physical, mental and emotional), and to the awareness, care and skill with which the Minor conducts him or herself while participating in Athletic Activities.

4. I freely accept and fully assume all responsibility for all Risks and possibilities of personal injury, death, property damage or loss resulting from the Minor's participation in Athletic Activities. I agree that although the Organization has taken steps to reduce the Risks and increase safety of the Athletic Activities, it is not possible for the Organization to make the Athletic Activities completely safe. I accept these Risks and agree to the terms of this waiver even if the Organization is found to be negligent or in breach of any duty of care or any obligation to me or the Minor in the Minor's participation in Athletic Activities.

5. I acknowledge on behalf of the Minor the Minor's obligation to immediately inform the nearest employee of the Organization if he or she feels any pain, discomfort, fatigue, nausea or other symptoms that he or she may suffer during and immediately after his or her participation in Athletic Activities. I understand the Minor may stop participating at any time and may be requested to stop by an employee of the Organization who observes any symptoms of distress or abnormal response.

6. In addition to consideration given to the Organization for the Minor's participation in Athletic Activities, I and my heirs, next of kin, executors, administrators and assigns, as well as the Minor and his or her heirs, next of kin, executors, administrators and assigns (collectively our "Legal Representatives"), agree:
- a. to waive all claims that I or the Minor has or may have in the future against the Organization.
- b. to release and forever discharge the Organization from all liability for all personal injury, death, property damage, or other loss resulting from the Minor's participation in the Athletic / Fitness Activities due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake or error of judgment of the Organization; and
- c. to be liable for and to hold harmless and indemnify the Organization from all actions, proceedings, claims, damages, cost demands including court costs and costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with the Minor's participation in Athletic Activities.
7. I agree that this waiver and all terms contained within are governed exclusively by the laws of the Province or Territory of Canada in which the Athletics Activities are provided to me by the Organization. I hereby irrevocably submit to the exclusive jurisdiction of the courts of that Province or Territory. Any litigation to enforce this waiver must be instituted in the Province or Territory in which the Athletic Activities are provided by the Organization.
8. I confirm that I have had sufficient time to read and understand each term in this waiver in its entirety and have agreed to the terms freely and voluntarily. I understand that this waiver is binding on myself as Parent / Legal Guardian, the Minor and our Legal Representatives.
9. As a registered participant in the O5PBA Bowling School, I agree to allow the O5PBA to use my likeness and my personal bowling statistics for the promotion of the sport of 5 pin bowling in connection with this complete event.

**PLEASE PRINT CLEARLY:**

Participant Name: \_\_\_\_\_

Participant Address:  
(if different than parent/guardian) \_\_\_\_\_  
\_\_\_\_\_

Parent / Legal Guardian Name:  
(Circle One) \_\_\_\_\_

Parent / Legal Guardian Address: \_\_\_\_\_

Parent / Legal Guardian Signature: \_\_\_\_\_

If Legal Guardian Specify Relationship: \_\_\_\_\_

Organization Witness Name: \_\_\_\_\_

Organization Witness Signature: \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
**DAY MONTH YEAR**