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

2026-2027 Membership Application Form

C5 Registration #

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

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

Do you bowl in another League? (Yes)		(No)		What Hand do you bowl with? R		L

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 Rule Book

Membership Benefits are listed on www.o5pba.ca

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

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.

_____ _____ **I AGREE** ☐

Signature of Participant **Date**

_____ _____ **I AGREE** ☐

Signature of Participant's Parent/Guardian if under 18 **Date**

For office use only	Date Approved:	Approved by: