

**ONTARIO 5 PIN BOWLERS' ASSOCIATION
O5PBA/YBC BOWLING SCHOOL
OFFICIAL APPLICATION FORM
HAMILTON, ONTARIO
JULY 21ST – 24TH, 2016**

**PLEASE RETAIN THIS PAGE FOR YOUR
RECORDS**

**SEND ALL REMAINING PAGES ALONG WITH DEPOSIT OR FULL
PAYMENT TO:**

**ONTARIO 5 PIN BOWLERS' ASSOCIATION
3 Concorde Gate, Suite 302
Toronto, Ontario, M3C 3N7**

PAYMENT SCHEDULE	
Plan (1)	Thursday A.M. Arrival: \$550.00 (includes HST)
Plan (2)*	Wednesday P.M. Arrival: \$600.00 (includes HST)
Plan (3)	Thursday to Sunday – NO ACCOMMODATIONS – \$430.00 (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.

Bowling School fees are due and payable in FULL by MAY 30th, 2016.
A \$50.00 deposit (or full payment) must accompany this application.

CANCELLATION POLICY	
The following cancellation policy will be in effect for any students who withdraw from the Bowling School:	
• 60 Days	– Full Refund
• 30 Days	– Refund less \$50.00 Deposit if replacement found
• No Notice	– No Refund

Enquiries can be directed to:

Phone: 416-426-7167
Fax: 416-426-7364
Email: o5pba@o5pba.ca

Or visit our web site at "www.o5pba.ca/bowling_school" for forms and information.

A minimum number of registrations must be on file by June 6th, 2016 otherwise the School could be cancelled and all monies refunded.

**ONTARIO 5 PIN BOWLERS' ASSOCIATION
O5PBA/YBC BOWLING SCHOOL
OFFICIAL APPLICATION FORM
HAMILTON, ONTARIO
JULY 21ST - 24TH, 2016**

APPLICANT'S NAME: _____

DATE OF BIRTH: _____

AGE AS OF July 1st, 2016: _____

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application.**

I wish to participate in the 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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PERSONAL INFORMATION:

NAME: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

TELEPHONE: (Home): _____ (Work): _____

EMAIL ADDRESS (Print Clearly): _____

SEX: MALE FEMALE

All correspondence and invoicing will be sent to the **Parent/Guardian**. This section must be completed in full: NAME OF PARENT/GUARDIAN: _____

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

TELEPHONE: (Home): _____ (Work): _____

EMAIL ADDRESS (Print Clearly): _____

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

IF YOU HAVE ATTENDED THE 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?

WHAT GOALS FOR THIS SPORT WOULD YOU LIKE TO ACHIEVE?

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

PLEASE LIST YOUR BOWLING CAREER HIGHLIGHTS:

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

5. _____

WILL YOU BE USING PERSONALIZED BALLS? YES NO

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

EACH STUDENT WILL RECEIVE A SHIRT AT THE SCHOOL. THE SHIRTS ARE AVAILABLE IN THE FOLLOWING MEN'S SIZES. PLEASE SPECIFY: (Note that shirts are generously sized)

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

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

MEDICAL INFORMATION:

ONTARIO HEALTH INSURANCE NUMBER: _____

PHYSICIAN: _____ PHONE: () _____

ALTERNATE CONTACT IN CASE OF EMERGENCY:

NAME: _____ PHONE: () _____

ADDRESS: _____ POSTAL CODE: _____

DO YOU HAVE ANY ALLERGIES OR MEDICAL PROBLEMS? [] YES [] NO

IF YES, EXPLAIN: _____

DO YOU TAKE ANY MEDICATION? [] YES [] NO

IF YES, EXPLAIN: _____

At the school, we have available "over-the-counter" medication such as peroxide, calamine lotion, first aid cream, Aspirin, Ibuprofen, Claritan, eye wash and hot/cold packs. Please initial here if your child **SHOULD NOT** be allowed this medication, if requested: _____

DO YOU REQUIRE SPECIAL FOOD OR ARE THERE FOODS YOU **CANNOT** EAT?

CONSENT IN CASE OF EMERGENCY:

I hereby consent to emergency or surgical treatment for my son/daughter/ward if such treatment is required.

Signature of Parent/Guardian

Witness

In consideration of the applicant as a member in the Corporation for the purpose of participation in the Bowling School hosted by the Ontario 5 Pin Bowlers' Association in Hamilton, Ontario, July 21st – 24th, 2016, the applicant and parent/guardian agrees to save harmless and keep indemnified the Corporation, ONTARIO 5 PIN BOWLERS' ASSOCIATION, their officers, directors and members and their respective agents, officials, servants and representatives from and against all claims, actions or causes of action, costs, expenses, and demands including costs attendant thereto on a solicitor and his/her own client basis, howsoever caused, arising out of or relating to any activity of the applicant taking part or being connected to any activity of the Corporation, ONTARIO 5 PIN BOWLERS' ASSOCIATION, or which may arise out of traveling to or returning from said Bowling School, whether caused by negligence of any of the parties hereto, or their respective agents, officials, servants or representatives, and it is understood and agreed that this agreement is to be binding on the applicant, his/her heirs, executors and assigns, and further that this release and waiver is not subrogated to any right included in any insurance policy held by, or for the undersigned.

Signature of Applicant

Date

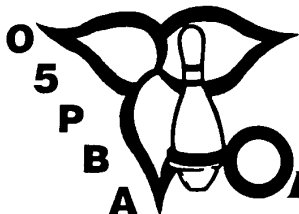
Signature of Parent/Guardian

Date

Please complete fully this application form, and return it along with a deposit of \$50.00 or Full Payment to the:
ONTARIO 5 PIN BOWLERS' ASSOCIATION

3 Concorde Gate, Suite 302
TORONTO, Ontario, M3C 3N7

NOTE: Please make your cheque or money order payable to: Ontario 5 Pin Bowlers' Association



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 participation 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, costs 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:

Minor Participant Name: _____

Minor Participant Address: _____

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 _____, 20 _____