



Ontario 5 Pin Bowlers' Association
 3 Concorde Gate, Suite 209, Toronto, Ontario, M3C 3N7
 Telephone: (416) 426-7167 E-Mail: o5pba@o5pba.ca Website: www.o5pba.ca

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"/>
Membership Type	
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"/>
Self Identify Groups (optional)	
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 Rule Book
 Membership Benefits are listed on www.o5pba.ca

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 <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/>
_____ Signature of Participant's Parent/Guardian if under 18	_____ Date	I AGREE <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/>

Internal Use Only	Date Approved:	Approved by:
--------------------------	----------------	--------------