

Bowler's Name		Birthday		Gender	MALE	FEMALE
Address						
City		State	Zi	p		
Phone	Email					
Bowler's School Name				_ Grade _		
Medical Conditions (if any)						
Has the bowler ever participated in a league? YES NO			Shirt Size			
Parent or Legal Guardian Information Parent/Guardian Name(s)						
Work Phone		Cell	Phone			
Email		Emergency C Infor	Contact mation			

CONSENT AND RELEASE - I certify that to the best of my knowledge that I, or my child, is in good health and is capable of participating in USA Bowling developmental league. I, as the parent or guardian of the player listed on this form, hereby for myself, my heirs, executors, and assigns do waive and release any and all claims and rights for damages, liability, actions, and causes of actions whatsoever, arising out of or related to any loss, damages, or injury, including death, that may be sustained while participating in the USA Bowling developmental league. I agree to indemnify and hold harmless USA Bowling, the bowling proprietor, coaches, and all other volunteers from any and all legal action arising from my, or my, child's participation in the developmental bowling league. I, the undersigned, am duly aware of the risks and hazards inherent upon participating in said events. I hereby certify that I have read and understand this consent and release form.

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