

SATURDAY BOWLING LEAGUE APPLICATION FORM

NAME	DATE		
ADDRESS			
HOME PHONE NUMBER			
CELL PHONE NUMBER			
DATE OF BIRTH	AGE IN APRIL, 2015		
EMERGENCY CONTACT PERSON			
RELATION TO CONSUMER			
ADDRESS			
HOME PHONE NUMBER	CELL NUMBER		
2 nd EMERGENCY CONTACT PERSON			
RELATION TO CONSUMER			
HOME PHONE NUMBER	CELL NUMBER		
PRIMARY CARE DOCTOR			
DOCTOR'S PHONE NUMBER			
PHARMACY NAME	PHONE NUMBER		
LIST ALL MEDICAL CONDITIONS			
ALLERGIES			
DIETARY RESTRICTIONS			
Type of Medical Insurance			
Insurance ID #Green	oup #		
Secondary Insurance ID #	Group #		
Identifying Information:			
Hair Color Eye Color _			
Height Weight			



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MEDICATION FORM

THIS FORM MUST BE COMPLETED FOR ALL MEDICATIONS, INCLUDING ANY OVER THE COUNTER (OTC) MEDICATIONS SUCH AS TYLENOL, ADVIL, TUMS, ETC.

IT IS VERY IMPORTANT THAT EACH MEDICATION IS IN AN ORIGINAL LABELED PHARMACY PILL BOTTLE WITH ENOUGH PILLS FOR EACH ACTIVITY. PUT ALL THE PILL BOTTLES IN A ZIP LOCK BAG. HAND THIS BAG TO STAFF UPON ARRIVAL. ANY OTC MEDICATIONS SHOULD ALSO BE PLACED IN THE ZIP LOCK BAG.

MEDICATION	# OF	WHAT MED IS	DOSAGE	TIMES PILLS
	<u>PILLS</u>	<u>FOR</u>		ARE TAKEN



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Consumer/Guardian Consent Form

- I understand that this activity involves a lot of walking. The consumer should be able to engage in this activity independently. The consumer should be able to care for his/her own hygiene needs (toileting, bathing, and dressing).
- By my signature below, I agree to indemnify, waive all claims, and hold C.A.R.E.S. harmless against any and all costs, damages, and expenses which may be incurred by them as a result of any lawsuit I might file against them or arising from the consumer's participation in the C.A.R.E.S. Saturday Bowling League.
- The consumer should be responsible for their own clothing, belongings, and money that they bring to the activity, and any items they will buy while on the activity. C.A.R.E.S will do their best to help the consumer keep track of their items but will not be responsible if any items or money are missing.
- I give permission for the consumer to receive any emergency medical treatment while on the activity.
- I give permission for the consumer to be included in activity photos or videos.

Consumer Signature	Date
Signature of Parent or Guardian	Date