



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 _____

2nd 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 # _____ Group # _____

Secondary Insurance ID # _____ Group # _____

Identifying Information:

Hair Color _____ Eye Color _____

Height _____ Weight _____



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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