

Bowlocity
2810 North Broadway
Rochester, MN 55906
(507) 288-2601
Fax: 281-9681

Adaptive Bowler Registration Application

Must be completed and signed by applicant

(or supervising staff, parent or legal guardian
if participant is under 18 or considered a vulnerable adult)

Email: Info@Bowlocity.com
Web: www.Bowlocity.com

Mail or drop off at Bowlocity with Adaptive League Fees

FALL 2017 SESSION—Circle “A” or “B”

Saturday Fall “A” League - \$63

Saturday Fall “B” League - \$63

Adaptive Bowler Personal Information (required)

First Name _____ Last Name _____ Birth Date _____

Street Address _____

City/Zip Code _____ Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

Residence Group Home Name (if applicable) _____

Residence Group Home Address _____

Special Mobility/Accessibility Needs _____

Emergency Contact Information (required)

Emergency Contact #1

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Wk Phone _____ Cell Phone _____

Can this person authorize ER medical treatment? _____ Yes _____ No (check one)

Emergency Contact #2 (if Contact #1 is not reachable in the event of an emergency)

Name _____ Relationship _____

Home Phone _____ Wk Phone _____ Cell Phone _____

Can this person authorize ER medical treatment? _____ Yes _____ No (check one)

BOWLER TEAM PLACEMENT PREFERENCE:

List names below of bowlers who are registering in your league who you wish to bowl on the same lane with each week. If you do have a preference, we advise you to coordinate with your teammates prior to registration to organize your team and list those team members here. If no preference is listed, Bowlocity will place you with a team in your league who needs a bowler. Although we will make every effort to accommodate your requests, we cannot guarantee placement if the number of bowlers requested on a single team exceeds the maximum bowlers allowed per lane on this league. Requests will be handled on a first come basis. **Maximum number of bowlers per team is 4.**

**TO COMPLETE REGISTRATION, PLEASE READ
AND SIGN THE REVERSE SIDE OF THIS FORM**

In case of Medical Emergency:

Medical Emergency Release and Waiver of Liability

MUST BE SIGNED AND DATED FOR PARTICIPANT TO BE ELIGIBLE TO BOWL IN BOWLOCITY ENTERTAINMENT CENTER ADAPTIVE PROGRAMS.

I give my consent for the staff of Bowlocity Entertainment Center to seek out and approve emergency medical attention for me if I am unable to do so for myself, and my Emergency & Back Up Emergency Contact are unavailable. I understand that by signing this release, that the best medical attention possible will be given and I will hold no one responsible for my medical bills, or other problems that may arise from such an emergency medical situation.

I recognize that there is a significant element of risk in any sport or activity associated with recreation. Knowing of the inherent risks, dangers and rigors involved, I certify that I and/or my family is fully capable of participating in the sport of bowling. I assume full responsibility for myself and/or my family, including any minor children, for bodily injury, death, loss of personal property and expenses thereof, as a result of my participation in this program. I also assume full responsibility for myself and/or my family, including any minor children for comments, behavior and actions during participation in this program.

I have read, understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon me and/or my participating family member(s) during the entire period of participation in the Adaptive Bowling Program at Bowlocity Entertainment Center. I further give my permission for Bowlocity Entertainment Center to use photographs taken of me during bowling for use during in-house adaptive bowling events and programs.

By signing below I/We acknowledge that I/we have read and understand the information as stated above.

Applicant Signature _____ Date _____

Signature of Supervising Staff, Parent or Legal Guardian
(if applicant is under 18 or considered a vulnerable adult) _____ Date _____