

**Bowlocity**  
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Rochester, MN 55906  
**(507) 288-2601**  
Fax: 281-9681  
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Web: [www.Bowlocity.com](http://www.Bowlocity.com)

# 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)

**Mail or drop off at Bowlocity with Adaptive League Fees**

**Spring 2018 SESSION—Circle “A” or “B”**

Saturday Spring “A” League - \$63
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Saturday Spring “B” League - \$63
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### 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


**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 \_\_\_\_\_