



2023-2024 Eston Bowling Registration

Deadline to Register: October 13, 2023

Registration is not complete until this form, payment, and medical information have been received.

KidSport funding is available for those who qualify and must be submitted **with registration by the deadline** to qualify.

Participant Information:

First Name: _____

Last Name: _____

Gender: Male Female
(Please circle)

Date of Birth: _____
(day/month/year)

Program	Fees	(X)
Youth Bowling (K to 12)	\$60	
Adult	\$60	
Total:	\$ _____	

Disclaimer:

Please be advised that the Eston & District Recreation Committee tries their best to keep the registration as low as possible with the operational demands of our facility. In order to complete this we also require all winter sport participants to team booth shifts that will be distributed to each team manager for your required week/weeks. We thank you for your cooperation in this.

Parent/Guardian Information:

First Name: _____

Last Name: _____

Relationship to Child: _____

Mailing Address: _____ **must be filled out for invoice purposes*

Town: _____

Postal Code: _____

Telephone: _____

Email: _____

First Name: _____

Last Name: _____

Relationship to Child: _____

Mailing Address: _____

Town: _____

Postal Code: _____

Telephone: _____

Email: _____

Medical Information:

After returning the registration form, you will receive an email containing a link to the e-Pact online medical form. **If you have completed the medical information previously, you will still be asked to ensure that all information is up to date. Athletes will not be allowed to participate until the medical information is completed.**

Consent:

I understand and agree that this information is being collected for the purpose of Eston Winter Programming registration and may be used to update the athlete of upcoming sports he/she may be interested in.

It is a condition of participation that the athlete does so at his/her own risk. The Eston & District Recreation Committee is not liable in any way for loss, damage or injury resulting from participation in this program.

I understand that it is the responsibility of the parent/guardian to keep the Recreation Director and team staff informed of any change in the above information as well as medical information as soon as possible. In the event of an injury, if no one can be contacted, staff may take my child to a hospital or doctor if deemed necessary. I authorize doctors and nursing staff to examine, investigate and treat my child as necessary.

I authorize release of information to the appropriate parties and photos of my child to be taken and used for promotional purposes.

Signature: _____

Date: _____

OFFICE USE ONLY

Total: _____

Invoice #: _____