Buddy Bowling Unified League

Fall 2012, September 8—November 17

Buddy Bowling is a unified bowling program that teams up bowlers with and without disabilities in a fun and friendly league format! At the end of each season trophies and prizes are awarded to all bowlers.

Teams consist of Bowlers and Buddy Bowlers. Buddy Bowlers take on a role similar to that of a team captain, participating with their team while also providing assistance and guidance to other team members when necessary. For more information on being a Buddy Bowler visit the Buddy Bowling section on our website at www.tempe.gov/adaptedrecreation.

Who: 7 years & up

When: Saturdays, 9:00am

- Practice time starts at 9:15am; official games will start at approximately 9:30am. Bowlers who do not arrive on time may have to forfeit missed games.

Where: AMF Tempe Village Lanes, 4407 S. Rural Rd., Tempe.

Fees: $20 registration (*Buddy Bowlers do NOT pay registration fee).
$8 each week for 3 games and shoes.

Reg. Code: 32043

Registration Options:

Registering in advance is recommended in order to confirm your team.

⇒ Include completed registration form, registration fee payable to ***City of Tempe*** and mail to:

City of Tempe Adapted Recreation
Attn: Josh Bell
3340 S. Rural Rd.
Tempe, AZ 85282

⇒ Register in person at:

- Pyle Adult Recreation Center
  655 E. Southern Ave.
- Recreation office
  3500 S. Rural Rd., 2nd floor of Library

⇒ Online registration:
http://www.tempe.gov/brochure

⇒ Fax: 480.350.5161 (Attn: Josh Bell)

City of Tempe Adapted Recreation ■ 3340 S. Rural Rd., Tempe, AZ 85282 ■ www.tempe.gov/adaptedrecreation
Josh Bell, Recreation Coordinator ■ josh_bell@tempe.gov ■ Ph: 480.858.2469 ■ TDD: 480.350.5050

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Buddy Bowling Registration Form — Reg. Code: 32043

Please check one:

[ ] Bowler ($20 registration fee)

[ ] Buddy Bowler (no registration fee; please see the program description page for more info about being a Buddy Bowler)

Bowler's Last Name	Bowler's First Name	MI	DOB

Street Address	Apartment/Unit No.	City	Zip Code

Phone (evening)	(work)	(cell)	E-mail address

Parent/Guardian's name	Phone

Emergency contact name	Phone	Relationship

IMPORTANT! Please mark an X if you require the following:

[ ] bowling ramp **[ ] bumpers for bowling lane (you may only use bumpers if entire team is a bumper team)**

[ ] <u>DO NOT</u> put me on a team that uses bumpers (if left unchecked you may be put on a team that uses bumpers)

Please note any other special assistance required:

Teams can have a max of five players. If left blank, you will be assigned to a team by staff. If you would prefer to be on the same team as someone else, please list their name(s) below:

1) _____ 2) _____

3) _____ 4) _____

<u>Payment Info</u>:

Amount Pd. _____ ☐ Cash ☐ Check # _____ Make checks payable to the **City of Tempe**.

☐ Credit Card # ___ ___ ___ ___ / ___ ___ ___ ___ / ___ ___ ___ ___ / ___ ___ ___ ___ Exp. Date ___ ___ / ___ ___

Credit Card Authorization Signature: _____

— Please sign the waiver on the other side —

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In Case of Emergency:

Preferred Hospital:_____ Doctor:_ _____

I hereby give authority to any hospital, doctor, or paramedics to render immediate aid as might be required at the time for his/her health and safety. I understand that the expense of this service will be accepted by me.

- With knowledge and appreciation of the risk of injury, I wish to participate in this Class/Activity. I agree to assume the risk of personal injury while participating.
- I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants.
- I understand that all reasonable efforts will be extended to insure my health and safety.
- If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level.
- I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity.
- I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate: _____

_____

I have read and clearly understand the above statements. I realize this is a contract between the City of Tempe and myself and is a release of Liability. I sign it of my own free will.

_____ _____

Signed (Parent or Legal Guardian for Participants under 18 years) Date

Consent Form and Photographic Release

Photographic Release

The Buddy Bowling Program is of interest to our community. The local newspapers and television stations occasionally ask permission to photograph the participants at the site when doing reports about recreation activity if the situation presents itself during the course of the program.

I hereby give my consent to the use of television or photographs taken and/or published by the media for such publicity as the City of Tempe Community Services Department feel will benefit the work for the developmentally disabled without consideration of any kind. I do hereby release the City of Tempe Community Services Department from any claims, whatever which may arise in said regard.

Pictures taken as part of the Buddy Bowling Program may be used in connection with illustrative or written printed matter, story, or news items. I waive the right to inspect, and/or approve the finished product that may be used.

_____ _____

Signed (Parent or Legal Guardian for Participants under 18 years) Date