

# Unified Bowling League

## Buddy Bowling Fall Session

### September 6th-November 22nd, 2008

**Who:** 7 years & up

**When:** Saturdays, 9:30 am

**Bowling Fee:** \*\*\$7 each week for 3 games, shoes, and league prizes  
\$2 each week if absent for prize fund

**Registration:** \$20\* (**Buddies do NOT pay registration fee**)  
\*Fee includes all or any part of session.



**Registration Options:**

- Mail In  
Complete the attached registration form, registration fee payable to City of Tempe and mail:

**Adapted Recreation**  
**Attn: Linda Cano**  
**655 E Southern Ave.**  
**Tempe, Arizona 85282**

- On Line: [www.tempe.gov/adaptedrecreation](http://www.tempe.gov/adaptedrecreation) (*new website*)
- Fax: (480) 350-5491

- Drop Off  
Parks and Recreation Office, 3500 E. Southern  
2<sup>nd</sup> floor of the Tempe Library

## Buddy Bowling Fall Registration Form

Fall Session: Sept 6-Nov 22, 2008

Course Code: 13561

\_\_\_ Buddy Volunteer    \_\_\_ Bowler

Participant Name: _____	Date of Birth _____	Grade _____	School _____
Address: _____	APT # _____	City _____	Zip _____
Phone: <u>Eve</u> _____	<u>Day</u> _____	Emergency # _____	
I would like to bowl on the same team with:			
(name) _____		(name) _____	
Special assistance required with bowling: _____			
_____ / _____			_____
<b>REQUIRED: Parent or Legal Guardian Signature for Participants under 18 years</b>			<b>Date</b>

Enclosed Check # \_\_\_\_\_ OR Credit Card Number \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 Fee: \$ \_\_\_\_\_ Signature Authorizing Charge to above number \_\_\_\_\_

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