



Buddy Bowling Unified League

Winter 2014, January 18 - April 5

Buddy Bowling is a unified bowling program that teams up bowlers with (Bowlers) and without disabilities (Buddy Bowlers) 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 as 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, 10:00am

- Practice time starts at 10:00am; official games will start promptly at 10:15am. Bowlers who do not arrive by the third frame of a game **will have to forfeit that game**.

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: 38058

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
Edna Vihel Center
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)



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Buddy Bowling Registration Form

Reg. Code: 38058

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)

DO NOT 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) _____

Payment Info:

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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City of Tempe Buddy Bowling Waiver of Liability

- 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, without any right of payment or of editing, to the use of images of me and/or my children, including reproductions of photos, video, film, audio or other reproductions, by the City of Tempe for dissemination in all types of media for public relations purposes.
- 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 myself and the City of Tempe and is a release of Liability. I sign it of my own free will.

Signature of Participant: _____

Date: _____

Parent/Guardian if participant is under age of 18