



# Buddy Bowling Unified League

Winter/Spring 2020, January 4th– May 16th, 2020

**NO BOWLING: 02/29, 04/04 and 05/02**



Calling all bowlers! Buddy Bowling is a unified bowling league for individuals with disabilities (Buddy Bowling Athletes) and without disabilities (Buddy Bowling Partners) bowling together in a fun and friendly league format. Anyone is welcome to join! We encourage bowlers of all experience and ability levels to join the league, starting from 8 years old up to adult. Partners take on a role similar to that of a team captain, participating as an active bowler and teammate while also providing assistance and guidance to other team members, as needed. Please note that any bowlers who may need direct supervision should have a responsible adult with them.

Bowlers are welcome to register their own teams of up to 5 bowlers. If a bowler does not have a specific team they would like to join then they will be assigned to a team with an opening. Buddy Bowling is divided into two divisions: Bumpers and Non-Bumpers. For those bowlers who may need additional physical assistance, bowling ramps are available. Each Saturday bowlers will bowl two games for a weekly fee (see below). At the end of each season there will be trophies awarded to Buddy Bowling Athletes and prizes given to all league bowlers.

*For more information, view the Buddy Bowling league rules and download the registration form, please visit [www.tempe.gov/adaptedrecreation](http://www.tempe.gov/adaptedrecreation).*

**Both Athletes and Partners can now register online at [www.tempe.gov/brochure](http://www.tempe.gov/brochure)! You must have an online account to do so. REMINDER:**

**No registration or registration payments will be taken at Buddy Bowling. Weekly fees only will be accepted.**

**Who:** Bowlers 8 years of age and older of all skill and ability levels

**When:** Saturdays, January 4th– May 16th (\*no bowling 02/29, 04/04 and 05/02)  
10:00am start time; 10:20am first game. **Late bowlers will forfeit their first game if they are not ready to bowl by the third frame and will have to wait until the start of the second game.**

**Where:** AMF Tempe Village Lanes, 4407 S. Rural Road, Tempe (behind Denny's)

**Fees:** \$20 initial registration fee (Buddy Bowling Partners do not pay reg. fee)  
\$6 weekly for two games & shoe rental

**Reg. Code: 65338**

#### Registration Options:

- ⇒ Include completed registration form, registration fee payable to **City of Tempe** and mail to:  
City of Tempe Adapted Recreation  
Recreation Services Office  
3500 S. Rural Rd.  
Tempe, AZ 85282
- ⇒ Register in person at:
  - Pyle Adult Recreation Center  
655 E. Southern Ave.
  - Recreation Services Office  
3500 S. Rural Rd., 2nd floor of Library
  - Or another City of Tempe facility
- ⇒ Online registration (use the registration code):  
<http://www.tempe.gov/brochure>





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## Buddy Bowling Registration Form

**Registration Code: 65338**

Please check one:

Buddy Bowling Athlete (\$20 registration fee)

Buddy Bowling Partner (no registration fee; please see the program description page for more info about being a Partner)

Participant Last Name	Participant First Name	MI	DOB

Address	Apartment/Unit No.	City	Zip Code

Phone (evening)	(work)	(cell)

E-mail address (e-mail will only be used for program updates related to Buddy Bowling and City of Tempe Adapted Recreation programs)

Parent/Guardian's name	Phone

Emergency contact name	Phone	Relationship

**IMPORTANT! Please mark an X if you request any of 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)

This is the first time I have participated in Buddy Bowling!

Please note any other special assistance required:

Please identify your team name and team members. Teams can have a max of five players.  
If left blank, you will be assigned to a team by staff.

Buddy Bowling Team Name: \_\_\_\_\_

Player Names

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

— Please fill out payment and waiver information on the other side —



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## **Payment Info:**

Amount Pd. \_\_\_\_\_  Cash  Check # \_\_\_\_\_ Make checks payable to the **City of Tempe**.  
If paying your weekly fee in advance, you must make a 2nd check out to AMF Village Lanes.

Credit Card # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

Security code (on back of card): \_\_\_\_\_

Credit Card Authorization Signature: \_\_\_\_\_

## **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