



## **JUNIOR PROVINCIAL CHAMPIONSHIP**

### **ADMITTANCE CONDITIONS**

In my quality of competitor in the Junior Provincial Championship, I agree not to drink alcohol, use drugs that may help me perform, and this for all the duration of the tournament that I will be under the responsibility of the organizers, assistants and volunteers.

In my quality of competitor in the Junior Provincial Championship, I agree to respect the following rules:

Not to smoke during all official competition.

To wear my uniform during all events of the tournament unless I have been authorized by the responsible of the tournament.

Not get away to go shopping or visit without being escorted by a coach or a responsible of my region.

To come back before 10h00 pm in the event that a coach or a responsible of my region had given me the permission in my free time. No permission will be issued without the written consent of the bowler's parents before leaving.

These rules are established by the provincial board for your own safety. In the event you fail one of these rules, an immediate disqualification from the tournament should be considered.

I understand and agree to follow all rules stated by the Junior Provincial Championship board.

Competitor's signature: \_\_\_\_\_

Parent or Responsible signature: \_\_\_\_\_

Complete address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date: \_\_\_\_\_

# JUNIOR PROVINCIAL CHAMPIONSHIP

## REGISTRATION FORM

Name: \_\_\_\_\_ CTF #: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone number: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Age as of August 1<sup>st</sup>, 2013: \_\_\_\_\_

Bantam \_\_\_\_\_ Junior \_\_\_\_\_ Intermediate \_\_\_\_\_ Senior \_\_\_\_\_  
11 and under 12 to 14 15 to 17 18 to 21

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LEAGUE NAME: \_\_\_\_\_

BOWLING CENTER: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

LEAGUE SANCTION: \_\_\_\_\_ CTF: \_\_\_\_\_  
**(MANDATORY)**

**RENUNCIATION OF CLAIM, DISCHARGE OF RESPONSIBILITY  
AND  
AGREEMENT OF ADMITTANCE CONDITIONS  
JUNIOR PROVINCIAL CHAMPIONSHIP**

I: \_\_\_\_\_  
(Parent or person in charge of the child) (square letters please)

\_\_\_\_\_  
(complete address)

By the present give permission to:

\_\_\_\_\_  
(complete competitor's name)

To participate in the Junior Provincial Championship to be held from July 23 to 26, 2014

Salon de Quilles Boule-O-Drome  
44, route du Président-Kennedy  
Lévis, Qc  
G6V 6C5  
418-837-2461  
www.bouleodrome.com

In case of a hitch, disease or an accident that could happen during the trip, the stay or during the tournament events, I, by the present, discharge the organizers and the participants of the Junior Provincial Championship of all responsibility and claims.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 2014.

\_\_\_\_\_  
(Signature of the parent or the child's responsible)

\_\_\_\_\_  
(Participant's signature)

**JUNIOR PROVINCIAL CHAMPIONSHIP**  
**AUTHORIZATION TO GIVE MEDICAL CARE TO A MINOR**

We undersigned, parents/responsible of the minor mentioned below, by the present authorize the regional responsible and/or adults, to provide medical care, take X-ray, examine, anaesthetize, and make necessary diagnostic by a licensed doctor or surgeon.

It is understood that this authorization is given before any diagnostic, treatment or hospital care are necessary, but it is given to authorize the responsible mentioned below to allow any diagnostic, treatment or hospital care a doctor should judge necessary.

Name of the minor: \_\_\_\_\_

Allergy: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Blood type: \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Medicare card number: \_\_\_\_\_

The parents/responsible in charge, acknowledge having signed this form in my presence, that they understand and are conscious of it contents.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 2014

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(Mother of the child )

( Father of the child )

Person to get in touch in case of an emergency \_\_\_\_\_

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Address \_\_\_\_\_ Tel: \_\_\_\_\_

Responsible of the group: \_\_\_\_\_

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## INFORMATION CONCERNING THE COMPETITOR'S MEDICAL FILE

Please, mention any medical problem or condition that the responsible of the committee should be aware of.

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Draw a list of all medication the competitor should take and when.

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Signed this \_\_\_\_\_ day of \_\_\_\_\_ 2014

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Parent or responsible signature

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Competitor's signature

**JUNIOR PROVINCIAL CHAMPIONSHIP**

**BOWLING BALLS REGISTRATION FORM**

**6 BALLS MAXIMUM INCLUDING SPARE BALL**

NAME OF THE REGION: \_\_\_\_\_

NAME OF THE BOWLER: \_\_\_\_\_

<u>TRADE</u>	<u>MODEL</u>	<u>SERIAL#</u>	<u>WEIGHT</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify having measured these balls and that they meet the CTF rules.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date