



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

RENUNCIATION OF CLAIM, DISCHARGE OF RESPONSIBILITY AND AGREEMENT OF ADMITTANCE CONDITIONS

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 26 to 30, 2017:

Salon de Quilles Jonquière

3810, rue Saint-Félix
Jonquière QC
G7X 8K8
Phone : 418-542-7526

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 _____ 2017

(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: _____ Phone : _____

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 _____ 2017

(Mother of the child) (Father of the child)

Person to get in touch in case of an emergency _____

Address : _____ Tel. : _____

Responsible of the group: _____

JUNIOR PROVINCIAL CHAMPIONSHIP

INFORMATION CONCERNING THE COMPETITOR'S MEDICAL FILE

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

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

Signed this _____ day of _____ 2017

Parent or responsible signature

Competitor's signature

JUNIOR PROVINCIAL CHAMPIONSHIP

REGISTRATION FORM

NAME OF THE REGION : _____

Name : _____

Address : _____

City : _____

Postal Code : _____ Phone: _____

Date of birth : _____ Gender : F ___ M ___ Age as of August 1st 2016 : _____

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

LEAGUE NAME : _____

BOWLING CENTER : _____

COMPLETE ADDRESS : _____

LEAGUE SANCTION : _____ **MANDATORY**

CTF MEMBERSHIP NO : _____ **MANDATORY**

JUNIOR PROVINCIAL CHAMPIONSHIP

BOWLING BALLS REGISTRATION FORM

6 BALLS MAXIMUM INCLUDING SPARE BALL

NAME OF THE REGION : _____

NAME OF THE BOWLER: _____

TRADE

MODEL

SERIAL #

WEIGHT

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Signature

Date