

SAINT ANSELM YOUTH ACTIVITIES- 2009/2010 REGISTRATION YEAR
BOWLING REGISTRATION

PLEASE PRINT ALL INFORMATION: T – SHIRT SIZE _____

NAME OF CHILD: _____ GRADE: _____

ADDRESS: _____ ZIP CODE: _____

HOME PHONE NUMBER: _____ DATE OF BIRTH: _____

SCHOOL: _____

PARENT/GUARDIAN E-MAIL ADDRESS _____

CHILD'S PHYSICIAN: _____ PHONE NO: _____

PHYSICIAN ADDRESS: _____

PLEASE LIST ANY MEDICAL OR PHYSICAL CONDITIONS YOUR CHILD MAY HAVE WHICH MAY AID US
IN OUR RESPONSIBILITY FOR YOUR CHILD IN THIS ACTIVITY:

PERSON TO CONTACT IN AN EMERGENCY

NAME: _____ RELATIONSHIP: _____

TELEPHONE NO (DAY): _____ NIGHT: _____

In consideration of my child _____ participation in the ST. ANSELM BOWLING, I, the undersigned, waive all claims for damages I may have against St. Anselm for any and all injuries suffered by my child. I attest that my child is physically fit for participation, and his/her physical condition has been verified by a licensed doctor. I am aware that children who do not behave or are disruptive will be expelled from the program. No refunds will be given after October 29th. I agree that transportation to and from MAPLE LANES is the parents responsibility – not that of the Parish.

DATE: _____ SIGNATURE: _____

The St. Anselm's Youth Council requires that parents of children enrolled in an activity give service to our programs. When an activity is over-enrolled, we reserve the right to give preference to those children whose parents are willing to give service to that activity. Please indicate if you or an older sibling can help.

HELPER

REVIEWED BY: _____

FEE RECEIVED BY: _____ CHECK: _____ CASH: _____

