

Seven Hills Junior Bowling League Registration Form

Child's Name: _____
First Middle Initial Last

Parents' Names: _____ Phone (____) _____

Address: _____

City: _____ State: OHIO Zip: _____

Male or Female _____ Entering Grade: _____ Age (As of 8/1/20__): _____ Birth Date: _____

USBC YOUTH ID # _____ If not from 7 Hills Lanes, acquired from where and name of league? _____

Email Address (Optional): _____ Do you bowl Left or Right Handed? _____

Bowling Experience, Where, Approx. Average: _____

League You Want to Bowl In (Circle one)

Bumpers/10 AM 12:30 PM Child/ Adult

People I would LIKE to bowl with People I DONT want to be on the same team with

I hereby grant permission for the child listed above to participate as a member of YABA. In consideration of Seven Hills and USBC YOUTH, I hereby release Seven Hills Lanes and USBC YOUTH from any/all liability for injury or accident involving applicant and I will adhere to all rules and policies set forth by Seven Hills Lanes and USBC YOUTH. I understand there are no refunds of membership or league fees if applicant terminates membership. I am responsible for all fees, including absent fees until I notify the Youth Director that the child listed above has terminated membership of league.

Date _____

Parent or Guardian Signature