

# Seven Hills Junior Bowling League Registration Form

Child's  
Name:

First

Middle Initial

Last

Parents' Names: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: OHIO Zip: \_\_\_\_\_

Male or Entering Age Birth  
Female \_\_\_\_\_ Grade: \_\_\_\_\_ (As of 8/1/20\_\_): \_\_\_\_\_ 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