

**MASTER BOWLERS' ASSOCIATION OF ONTARIO**  
**RELEASE OF WAIVER AND MEDICAL FORM**

**2011 MASTER SENIOR TOURNAMENT**

**ACKNOWLEDGEMENT OF MEMBERSHIP**  
**Medical Information**

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

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

TELEPHONE #: (    ) \_\_\_\_\_ YBC CENTRE: \_\_\_\_\_

ONTARIO HEALTH CARD NUMBER: \_\_\_\_\_

NEXT OF KIN: \_\_\_\_\_ TELEPHONE #: (    ) \_\_\_\_\_

EMERGENCY CONTACT:

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Alternate: \_\_\_\_\_ Telephone#: \_\_\_\_\_

**MEDICAL HISTORY**

Does the bowler have any existing medical conditions? Please list.

\_\_\_\_\_

\_\_\_\_\_

Is the bowler currently taking any prescribed medication (s)? Please list.

\_\_\_\_\_

\_\_\_\_\_

Does the bowler have any allergies? Please list.

\_\_\_\_\_

\_\_\_\_\_

Regular Doctor: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**I HEREBY GIVE MY CONSENT FOR EMERGENCY MEDICAL TREATMENT BY A LICENSED  
MEDICAL PRACTICIONER, IF NECESSARY.**

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name of Parent or Guardian)

\_\_\_\_\_  
(Witnessed by)

**PLEASE TURN PAGE OVER**

# RELEASE & WAIVER

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

BOWLING CENTRE YBC AFFILIATION: \_\_\_\_\_

In consideration of the applicant as a member in the Corporation for the purpose of participation in the:

## 2011 MASTER SENIOR EVENT

the applicant and parent and/or guardian agrees to save harmless and keep indemnified the Corporation, MASTER BOWLERS ASSOCIATION OF ONTARIO, its officers, directors and members and their respective agents, officials, servants and representatives from and against all claims, actions or causes of action, costs, expenses, and demands including costs attendant thereto on a solicitor and his or her own client basis, howsoever caused, arising out of or relating to any activity of the applicant taking part or being connected to any activity of the Corporation, MASTER BOWLERS ASSOCIATION OF ONTARIO, whether caused by negligence of any of the parties hereto, or their respective agents, officials, servants or representatives; and it is understood and agreed that this agreement is to be binding on the applicant, his or her heirs, executors and assigns, and further that this release and waiver is not subrogated to any right included in any insurance policy held by, or for the undersigned.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent and/or Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Print) Parent or Guardian Name