



*Youth  
Nationals*

*Canadian Tenpin Federation, Inc.  
Fédération Canadienne des Dix-Quilles, Inc.*

**OFFICIAL ENTRY FORM – Canadian Youth Championships**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone # (     )** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**City** \_\_\_\_\_

**Postal Code** \_\_\_\_\_

**Date of Birth:**    **Year** \_\_\_\_\_ **Month** \_\_\_\_\_ **Day** \_\_\_\_\_

**Division:**    **Bantam** \_\_\_\_\_ **Junior** \_\_\_\_\_ **Intermediate** \_\_\_\_\_  
**Senior** \_\_\_\_\_

**Years bowling** \_\_\_\_\_ **Number of leagues** \_\_\_\_\_ **Highest**  
**League Average** \_\_\_\_\_

**Highest Scratch Series** \_\_\_\_\_ **Highest Scratch Single** \_\_\_\_\_

**Tournament Accomplishments:**    **Local, National, International :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If more space is required please use back of sheet.**



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**GENERAL WAIVER AND RELEASE**

**TOURNAMENT ATTENDING:**

**Canadian Youth Championships– Edmonton Alberta**

**KNOW TO ALL PERSONS BY THESE PRESENT, That I ( please print )**

**Parent or Legal Guardian** \_\_\_\_\_

**Address in Full including Postal Code:** \_\_\_\_\_

**Application for: (son or daughter’s full name)**

I certify that I am of legal age and one of the legal guardians of the applicant, that I have read and understand this consent and release, and that I also read and understood the rules and conditions of the stated Tournament that my son or daughter plans to attend. In consideration of the acceptance of the application of my child or ward by his/her ASSOCIATION and by the SPONSORING ASSOCIATION(s) or ORGANIZATIONS, I hereby (1) give permission for my child or ward to enter and participate in all activities, incidental thereto of the stated tournament (2) In the event of any mishap, illness and or injury, I hereby remise, release and forever discharge the **Canadian Tenpin Federation** and its assigns from all manner of actions, claims and demands, whatsoever during his/her travel, participation and billeting, and to include all functions, tours and banquets authorized by the hosting Province.

**TOURNAMENT DATE(s) May 29th to June 3rd, 2019  
( including Travel Days )**

**Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2019**

\_\_\_\_\_  
**Signature of Parent / Legal Guardian**

\_\_\_\_\_  
**Signature of Competitor**



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## CONDITIONAL AGREEMENT OF ENTRY

I, the competitor, while under the responsibility of the Canadian Tenpin Federation Youth Committee, coaches and parents, **and for the duration of my point of arrival until I have returned home**, shall not consume alcoholic beverages, or use stimulants, depressants or drugs in any manner. I have also read all of the rules.

As a member of the C.T.F. National Youth Tournament, I shall agree to the following rules and regulations.

1. Competitors are required to attend all official functions in full uniform.
2. Competitors will not be allowed to tour or shop unchaperoned once the tournament has officially started until tournament end, regardless of age.
3. Should permission be granted by your coach and/ or team manager for you to leave with your parents on your free time, you must return and be in your hotel room by 11.00 PM. Permission will not be granted unless a written authorization is in the hands of your coach and /or team manager, from your parent/guardian prior to your departure from your province.
4. At no time are bowlers allowed to make their own accommodation arrangements.

All rules and regulations put forth by the C.T.F. Youth Committee are in place for your safety. Should you violate these rules or conditions, consideration could be immediate disqualification from further participation in the tournament and the official agenda.

I have read and understand and agree to conform to “Youth Tournament Rules and regulations” while under the responsibility of the Canadian Tenpin Federation Youth Committee.

Competitors Signature

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Parent/Guardian Signature

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**REQUEST TO BE A BILLET PARENT (AT THE HOTEL )**

**Mr. And/or Mrs.** \_\_\_\_\_ **wishes to be**

**billet parents at the CYC host hotel**

**BOWLER TO BE BILLETED –** \_\_\_\_\_

**Province** \_\_\_\_\_

**(Boy / Girl) DIVISION ( BT/ JR / INT / SR)**

**PROVINCIAL AUTHORIZATION - (Expires June 2nd, 2019)**

**Signed by**

**Provincial Team Manager:** \_\_\_\_\_

**Parents Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Home Phone ( )** \_\_\_\_\_

**BY SIGNING THIS REQUEST FORM, YOU ARE PROMISING TO ABIDE BY THE HOSTS BILLET RULES, ESPECIALLY THE CURFEW. NO BOWLER WILL BE ALLOWED OUTSIDE THE HOTEL, WITHOUT THEIR COACH/PARENTS PRESENCE, AND THERE WILL BE NO RUNNING AROUND THE HOTEL. A ONE YEAR SUSPENSION WILL BE AWARDED IF THE RULES ARE BROKEN.**



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**MEDICAL TREATMENT and RELEASE AUTHORIZATION TO  
CONSENT TO TREATMENT of a MINOR**

We, the undersigned parents/guardian of the minor person listed below do hereby authorize:

Coach \_\_\_\_\_ and / or Team

Manager \_\_\_\_\_ (an) adult person(s) into whose care the said minor has been entrusted as (an) agent(s) for the undersigned, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable of any physician and surgeon licensed under the provisions of the laws applicable to the jurisdiction in which the said minor person is located.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all diagnosis treatment or hospital care which the aforementioned physician, in the exercise of his or her best judgment may deem advisable.

Minor's Name \_\_\_\_\_

Date of Birth (M/D/Y/) \_\_\_\_\_

Blood Type \_\_\_\_\_ Doctors Name \_\_\_\_\_

Doctor's Phone Number ( ) \_\_\_\_\_ Medical Insurance No. \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Dated at \_\_\_\_\_ on \_\_\_\_\_  
Month Day Year

Mother's Signature \_\_\_\_\_

Father's Signature \_\_\_\_\_

**ACKNOWLEDGEMENT**

The above named parents/guardians and stating that they are the parents/guardians

Of \_\_\_\_\_ this day,  
acknowledged before me that they have signed this form and fully understand and are aware of the nature of its contents.

Dated at \_\_\_\_\_ on \_\_\_\_\_  
Month Day Year



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**TWO (2) WITNESSES NON FAMILY MEMBERS:**

Witness Signature \_\_\_\_\_

Witness Signature \_\_\_\_\_

**PERSON TO CONTACT IN CASE OF EMERGENCY:**

\_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone – Home ( ) \_\_\_\_\_

Work ( ) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**COMPETITOR'S MEDICAL INFORMATION:**

Please list any Medical problems or conditions below that the coaches, hosting committee should know:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all medications and prescriptions that your child may be required to use:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated this \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_  
Month Day Signature of Parent or Guardian



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### **Athlete's Check List**

- 1. Uniform** \_\_\_\_\_
- 2. Bowling Balls, Shoes** \_\_\_\_\_
- 3. Bowling Supplies (tape, skin patch etc.)** \_\_\_\_\_
- 4. Water Bottle (A must have!)** \_\_\_\_\_
- 5. Coach & Team Manager contact info** \_\_\_\_\_
- 6. Medication (if required)** \_\_\_\_\_
- 7. Enthusiasm & Winning Spirit** \_\_\_\_\_



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## Ball Certification

Name \_\_\_\_\_ Province \_\_\_\_\_ Boy/Girl \_\_\_\_\_

Bantam/Junior/Intermediate/Senior

	Make	Serial Number	Colour	Weight			Pro Shop Signature	
1					X	X		
2					X	X		
3					X	X		
4					X	X		
5					X	X		
6					X	X		
7					X	X		
8					X	X		

**Balls under 10 lbs : ¾ oz max – to/side/finger, 10lbs to 16 lbs : 3oz max top/1oz max side/finger**

**All balls are subject to on-site inspection as required by tournament officials**

Reminder to check bowl.com for the latest approved ball list if in doubt

**Register as many balls as you wish, but you must choose only 6 for use in competition prior to the start of the first event.**





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**COACHES AND TEAM MANAGER INFORMATION**

**PROVINCE** \_\_\_\_\_

COACH'S NAME \_\_\_\_\_ NCCP# \_\_\_\_\_

CELL PHONE NO. (     ) \_\_\_\_\_

\*\*\*\*\*

COACH'S NAME \_\_\_\_\_ NCCP# \_\_\_\_\_

CELL PHONE NO. (     ) \_\_\_\_\_

\*\*\*\*\*

TEAM MANAGER'S NAME \_\_\_\_\_

CELL PHONE NO. (     ) \_\_\_\_\_



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#### COMPETITOR'S INSTRUCTIONS FOR NATIONAL CHAMPIONSHIPS

1. Uniforms must be worn at all official functions.
2. You must report immediately to your coach and/or team manager any unusual incident or medical problem.
3. Alcohol or drugs will not be tolerated at any time. Should you be found to have used either during the tournament, you will be immediately disqualified and removed from the tournament.
4. Smoking will not be permitted during bowling competition or at any official function.
5. Swearing or abuse of equipment will not be tolerated and could result in a 1 frame penalty.
6. During competition you must make sure your scores are recorded accurately, frame by frame. Should you find an error, everyone should stop and contact your coach or a tournament official.
7. Prior to competition, between shifts or during tiebreakers you are expected to remain in the bowling area and cheer the other competitors on. At no time will you be allowed to wander off or leave the building.
8. At the completion of activities each day, you are to remain with your coach until you are returned to your parents at the host hotel.
9. In the event friends or relatives should reside in the hosting city or area and wish permission to take you out, such permission shall only be granted if written approval is received from your parents or guardian prior to your departure to the tournament. Such a request will absolve the Coach, Tournament Committee, and the Canadian Tenpin Federation of any responsibility and liability during the time you are absent from the host hotel.

The above rules and guidelines are set to assist you in representing your Province in an admirable way and to having an enjoyable, trouble-free weekend.

Good Times

Good Luck

Good Bowling

Revised 09//30/18