



Awesome Bowling League

Please Print Information

Child's Name _____ Age _____ M / F

Parents Name _____

Address _____

City, State & zip _____

Home Ph _____ Work Ph _____ Cell/Alt Ph _____

E-mail _____

Child uses: Wheelchair Walker

Child's Shirt Size _____

Photo/Waiver Release Form

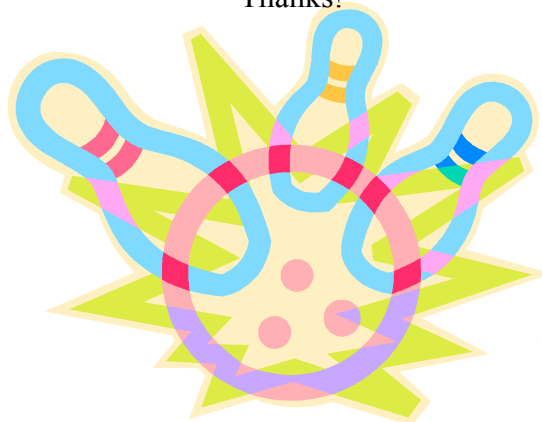
I give permission for my child, _____ to have his/her picture taken and used to promote Awesome Association. I also agree to hold harmless the coaches, volunteers, parents, players, buddies, Sulphur Parks and Recreation and any other organization associated with Awesome for any injury to myself or my child. I understand that every safety precaution will be taken, and I am allowing my child to play a sport at his/her own risk.

Parent Signature _____ Date _____

**** Please return this form to the address below ****

If you know of any other individual that would like to play, please have them contact us.

Thanks!



Awesome Bowling League
215 Quelqueshue St
Sulphur, La. 70663