



ALBERTA 5 PIN BOWLERS ASSOCIATION

Participant's History and Medical Form

PLEASE PRINT

Circle appropriate responses when applicable.

Participant _____ Gender: **M** **F**

Address _____ City / Town _____

Postal Code _____ Birthdate (yy/mm/dd) _____

Phone () _____ Email _____

Guardian / Parent _____

Phone (Res) _____ Business _____

Alternate Contact _____

Phone (Res) _____ Business _____

Current League Average _____ Number of Years Bowling _____

Have you competed at the Zone level in the past? YES NO

Have you competed at the Provincial level in the past? YES NO

Participant's Alberta Health Care Number _____

Family Doctor _____ Phone _____

Allergies, Type of Reaction, Treatment Required, etc. _____

Any other Physical or Medical Problems _____

I verify that all the above information is complete and correct.

Participant _____ Date _____

Guardian _____ Date _____