

2018 PURDUE BOWLING CAMPS

All information on this form **MUST** be completed in order to guarantee a place in the camp.

Last Name _____ First Name _____ MI _____

Address _____ Home Phone (_____) _____

City _____ State _____ ZIP _____

School _____ Grade (Fall 2018) _____

Date of Birth _____ Age _____ Gender Male Female

Adult T-Shirt Size: S M L XL XXL Track High Performance Ball Weight 13lbs 14lbs 15lbs 16lbs

Please Note: There will be no drilling of bowling ball holes on site.

Printed Name of Parent/Legal Guardian – REQUIRED _____

Parent/Legal Guardian E-mail Address – REQUIRED _____

Roommate Name _____

(Must be mutual. Applications must be returned together. Double occupancy only.)

Please include the number of guests in your party for Sunday's Closing Program: _____

FEES

Player Development Camp, July 26-29 \$550 \$600

Returning Camper (\$50 discount applies) \$500 \$550

Total Enclosed \$ _____

PAYMENT METHOD *Payment is required upon submission of registration.*

Send check or money order payable to Purdue University

PLEASE NOTE: For security purposes, please register online if you wish to pay by credit card. We take Visa, Mastercard, American Express and Discover. The online registration link is www.conf.purdue.edu/bowling. We will not accept credit card payments in writing. If you have trouble registering online, please contact our Registration Team at 1-866-515-0023.

Signing this form gives permission for use of my child's photo for marketing purposes. No names or addresses will be released.

Signature Parent/Legal Guardian _____

Duplicate this application as needed and return to:

Purdue Conferences
Stewart Center, Room 116
128 Memorial Mall
West Lafayette, IN 47907-2034

Fax: (765) 494-0567

Purdue University is an equal access/equal opportunity university.

PARENTAL AUTHORIZATION

All information on this form **MUST** be completed in order to guarantee a place in the camp.

Purdue University Medical Authorization for Treatment of a Minor (persons under 18 years)

Pursuant to Indiana Code Paragraph 16-36-1-6, I request and authorize the Purdue University Student Health Center, Purdue University Ambulance Service, Franciscan Saint Elizabeth Health - Lafayette East, and Indiana University Health Arnett, medical personnel, agents, and employees to provide all reasonably necessary medical care advisable for the health of my child, including but not limited to medical transport, hospital tests, such as pathology, radiology, anesthesia, evaluation and treatment by physicians, including surgery, and prescription drugs. I acknowledge that no representations, warranties, or guarantees can be made with respect to any medical care or treatment provided.

I also understand that, as a result of my child's participation in this program, it will be necessary for supervisors, coaches, residence hall personnel, and others involved with the program to have access to relevant medical information pertaining to my child, and I authorize the use and disclosure of my child's medical information to promote a safe and healthy experience for my child.

Further, I hereby grant permission for my child, _____
to attend the 2018 Purdue Bowling Camp by signing below. A signature from one or both parents/legal guardians and a witness signature is required.

Signature Parent/Legal Guardian (required) _____

Signature Parent/Legal Guardian/Witness (required) _____

PHYSICIAN APPROVAL

I have examined _____
and found him/her to be healthy to compete in bowling and general recreational activities of his/her choosing during the 2018 Purdue Bowling Camp.

Medical Conditions _____

Current Medications _____

Allergies _____

Date of Last Tetanus Shot _____

(If date not supplied, child may be required to obtain a tetanus shot if injured.)

Physician's Signature _____

Phone _____

EMERGENCY CONTACT

Contact First - Name _____

Relationship to Participant _____

Day Phone _____

Night Phone _____

Contact Second - Name _____

Relationship to Participant _____

Day Phone _____

Night Phone _____