

2025 - 26

Rapids Challenger Bowling Registration

*****Payment is due prior to the first week of bowling*****

Individual's Name _____
(over for groups)

Bowling is on Fridays at 3:15 – 5:00 PM

Session - September 12th - February 13th - \$70.00

Payment due with registration by August 29th.

No Bowling on Nov.28, Dec.26, Jan.2

Amount Enclosed: _____ Cash or Check # _____

Contact Name: _____ Cell # : _____

Email: _____

Accommodation needed: _____ bumpers _____ ramp

Please mail check/money order payable to Challenger Sports

mail to:

Pat Flanders

101 Findlay Ave., Tonawanda, NY 14150

To pay by Cash call to let us know you are bowling by August 29th
at 716-713-5696 AND then bring cash on the first day of bowling

Please List Group Home Bowlers Names Here

Agency _____ Address _____

Total Bowlers _____ X \$70.00 = _____ Amount Due

Post on Your Refrigerator

Rapids's Challenger Bowling Dates

Fridays – 3:15 – 5:00 PM

Pizza Days are in bold print

September 12, 19, **26**

October 3, 10, 17, **24**, 31

November 7, 14, **21**

December 5, 12, **19**

January 9, 16, **23**, 30

February 6, **13**

Please mark all of these dates on your home calendars.

When Niagara Falls Schools are closed, bowling will be cancelled for that day.

There will also be notices on **Facebook at Challenger Sports WNY** and on the website at **wnychallengersports.com**

Rapids Bowling Center

*Pat Flanders
716-713-5696

Merry Hedges
716-694-3127

PLAYER REGISTRATION FORM

Player Information

Name: Last _____ First _____ Age _____

(circle) Male Female Phone: _____ Birth date: _____

Player lives _____ with parents _____ in own residence
_____ in group home (Agency _____)

Address: _____

Email: _____

Emergency Contact: Name: _____ Phone: _____

Allergies _____ Hospital
Preference _____

Team Information

Age group: 18 and up**Need a buddy?** Yes No**T-Shirt Size** (circle one): **Adult:** Sm Med Large X-Large 2X 3X **Other** _____Adaptive equipment needed to participate in any sports (wheelchair, walker, bumpers):
_____Physical limitations, medical conditions or behavioral concerns that Challenger should be aware of?

Parent/ Guardian/Staff Information

Parent/Guardian _____ Phone _____

Address _____ Email _____

Note: Group home staff, parents and/or guardians must remain at the sporting event and assist the player with sporting activities, toileting and feeding if needed. Challenger volunteers are not responsible for providing assistance to the player away from the playing field, alley and/or gym.

Parents/Guardians are needed to assist with the League. Please circle your choice:

Coach Buddy Picnic/Banquet/Refreshments Fundraising Registration Volunteers

Please mail completed form to: Challenger Sports League, c/o Pat Flanders, 101 Findlay Ave., Tonawanda, NY 14150 Direct questions to Pat Flanders (716-713-5696)
patricia.flanders@aol.com or Merry Hedges (716-694-3127) merrhedges@aol.com

**CHALLENGER SPORTS LEAGUE, INC.
PLAYER RELEASE FORM**

Player's Name: _____

In consideration for Challenger Sports League, Inc. providing my player the opportunity to participate with the Challenger Sports League, Inc. sporting events, the undersigned does hereby release and agree to indemnify and hold harmless Challenger Sports League, Inc., its officers and directors from any and all claims for personal injury, death, property damage or any type of claim/damages (including but not limited to attorney's fees or litigation expenses) resulting from my player's activities in connection with participation in Challenger Sports League, Inc. sporting events or the participation of any family member or guest of the undersigned.

I assume all risks and hazards incidental to such participation in Challenger Sports League, Inc. Games and activities and consent for my player to receive first aid and/or emergency care by a qualified Emergency Medical Technician, Physician or other person qualified to render medical assistance in the event my player suffers an injury during sanctioned games and activities.

I agree to provide my player's specific medical information to Challenger Sports League, Inc. so that appropriate precautions and care can be provided to my player during sanctioned games and activities. I/we agree to be present at all games and/or activities so that I/we can manage our player's specific needs. I agree to have any and all medication (prescription and non-prescription) for my player and shall be solely responsible for dispensing any such medication to my player.

Parent/Guardian Signature

Date

Photo/Media Authorization

Yes _____ No _____

I/we understand that there may be media and promotional coverage of Challenger Sports League, Inc. games and activities. I/we (give / do not give) my consent to publish my/our player's name and/or picture for such purposes.

Parent/Guardian Signature Date