



CENTRAL KITSAP SCHOOL DISTRICT NO. 401
Silverdale, Washington

BOWLING

INSURANCE INFORMATION, SAFETY GUIDELINES, WARNING and AGREEMENT TO OBEY INSTRUCTIONS FOR BOWLING

Prior to participating, both the student and parent must read carefully and acknowledge by signing the last page of this document.

Insurance Information

Each student participating in athletic activities is required to have medical insurance that covers injuries. I understand that Central Kitsap School District does not provide medical insurance for student injuries but does make available information about student accident/health insurance that you may purchase. Please visit your school office or the District office and ask for a brochure on Student Accident Insurance.

This school strives to protect each student from possible injury while engaging in school activities. The guidelines and/or practices identified below have been established for this activity in order to protect the student and others from injury and/or illness. Participants and their parents should recognize that conditioning, nutrition, proper techniques, safety procedures, and well-fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the coach. Travel to and from off-campus facilities shall be in accordance with the directions of the activity coach. Guidelines are as follows:

Safety Guidelines

When a person is involved in any athletic activity, an injury can occur. One should be aware the information presented in these safety guidelines is to inform the athlete of proper techniques and inherent dangers involved with BOWLING. There is a chance of broken bones, muscle and soft tissue and back injuries, which could lead to some form of paralysis. Not all potential injury possibilities in this sport are listed, but athletes should be aware that fundamentals, coaching and proper safety equipment are important to the safety and enjoyment of the sport.

1. Proper warm-up is essential before strenuous activity takes place.
2. Clothing and shoes should fit properly, be comfortable and allow maximum physical effort and allow dissipation of heat.
3. Perform only those skills and techniques as instructed and/or supervised by your coach.
4. Travel to and from off-campus facilities and practice/competition sites must be in accordance with school procedures.
5. Advise the coach if you are ill or have any prolonged symptoms of illness
6. Notify the coach immediately if injured.
7. Be alert for any physical hazards in the bowling alley and advise the coach if any hazards are found.
8. Before throwing the ball, make certain the area around you is clear of others.
9. Be aware of the danger of standing in front or on the side of a person who is attempting to throw the ball as one may be injured by the ball.
10. Be aware at all times of other player's positions or bowling lane personnel on the alley where you are bowling.
11. Use caution around the ball return area.
12. If you wear eyeglasses, contact the coach for proper fitting of safety lenses, appropriate frames that are compatible with bowling. If you have a bi or tri-focal lens, contact your doctor to provide the best len(s) combination for playing on surfaces where focusing at different distances in rapid succession is important.

WARNING and AGREEMENT TO OBEY INSTRUCTIONS

I am aware that BOWLING is a high-risk sport and that practicing or competing in BOWLING will be a dangerous activity involving **MANY RISKS OF INJURY**. I understand the dangers and risks of practicing and competing in BOWLING include but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well being. I understand that the dangers and risks of practicing or competing in BOWLING may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life. I also understand that the sport in which I participate may be so inherently dangerous that no amount of reasonable supervision, protective equipment or training can eliminate all vestiges of danger. I am informed the District does not assume the responsibility for the medical services required for these risks.

Because of the dangers of BOWLING, I recognize the importance of following the coaches' instructions regarding techniques, training and other team rules, etc., and to agree to obey such instructions.

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I have read the Insurance Information, Safety Guidelines, Warnings and Agreement to Obey Instructions information and it has been explained to me. I understand the list of rules, safety regulations/warnings and procedures. I also understand the necessity of using the proper techniques while participating in the BOWLING program

In consideration of the Central Kitsap School District permitting me to try out for the school BOWLING team and to engage in all activities related to the team, including but not limited to trying out, practicing or competing in BOWLING. I have read the above warnings and I understand their terms.

_____ Date _____ Signature of Athlete _____ Print Name

I, _____, am the parent/legal guardian of _____.(student athlete)

In consideration of the Central Kitsap School District permitting my child/ward to try out for the school BOWLING team and to engage in all activities related to the team, including, but not limited to, trying out, practicing or competing in BOWLING. I have read the above warnings and I understand their terms.

_____ Date _____ Signature of Parent/Legal Guardian _____ Print Name