

Girls Bowling
Safety Guidelines

Mt. Solo Middle School

**Prior to participating, the student athlete and a parent/guardian must read this information. Signatures are required on the back of this form.**

When a person is involved in any athletic activity, an injury can occur, especially with an activity as strenuous as bowling. 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 activity are listed, but athletes should be aware that fundamentals, coaching, and proper safety equipment are important to the safety and enjoyment of the activity. Further preparation guidelines for practices/contests, locker room safety rules, and emergency situations are explained in the athletic handbook.

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 site 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 players’ 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 lens combination for playing on surfaces where focusing at different distances in rapid succession is important.

**Athlete’s Name (please print):**

I am aware that bowling is a high-risk activity and that practicing or competing in bowling can 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 activity 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 Longview School District does not assume 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 agree to obey such instructions.

In consideration of the Longview School District permitting me to try out for the school’s 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. I have also read and understand the preparation guidelines for practices/contests, locker room safety rules, and emergency situations, as explained in the athletic handbook.

**Signature of Athlete: Date:**

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**Parent/Legal Guardian Name (please print):**

As the parent/legal guardian of the above-named student and in consideration of the Longview School District, I give permission for my child/ward to try out for the school’s 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 warning, and I understand their terms. I have also read and understand the preparation guidelines for practices/contests, locker room safety rules, and emergency situations, as explained in the athletic handbook.

**Signature of Parent/Guardian: Date:**