

Michigan High School Bowling Conference
Parental Indemnification Agreement

My son/ daughter _____ has

permission to attend all scheduled events in regard to _____
(Name of School or bowling club)

Bowling Team/ Club. I accept full responsibility for transportation to and
from these functions, and will not hold _____ High School
(Name of School)

or _____ Bowling Center or it's assigned coaches, liable in case of
(Name of Bowling Center)

accident or injury. I further authorize _____ High School's or
(Name of School)

_____ Bowling Center's coaches to act as a guardian in order to
(Name of Bowling Center)

administer first aid or medical attention in case of emergency.

Parent or Guardian Signature

Parent's Name - Printed

Athlete/ Student's Name

Home Phone Number

Work Phone Number

Emergency Phone Number & Contact