

## Athlete/Family Team Rules Agreement and Contact Information Form

I, \_\_\_\_\_ have read the Walled Lake Schools Bowling Program Team Rules/Expectations and will abide by them. If I do not abide by the rules/expectations, I understand there may be disciplinary actions that can lead up to suspension or dismissal from the program.

\_\_\_\_\_  
(Athlete Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Brian Swinehart, CAA  
Director of Athletics and  
Secondary Physical Education  
Walled Lake Consolidated Schools

\_\_\_\_\_  
Jennifer Willbur, Head Coach  
Walled Lake Schools Bowling Program

**ATHLETE INFORMATION: please print**

NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

JERSEY SIZE:  Small     Medium     Large     XLarge     2XL     3XL     4XL

Men's cut  OR Women's cut  Please mark if Tall length needed

**PARENT/LEGAL GUARDIAN INFORMATION: please print**

NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

EMAIL: \_\_\_\_\_