



Master Bowlers' Association of Alberta

SEASON: 2024-25

Box 577, Bragg Creek, AB T0L 0K0

Phone/Fax: (403) 949 - 2706

mbaofalberta@gmail.com

Membership Type: _____ New Coach _____ Renewal _____ Lifetime Member

Division: _____ Teaching POA _____ **SR. POA or SR. Scratch** _____ Tournament Scratch _____ Non-Participating

Competition Zone: (please check one)

_____ Zone 1 Edson and area _____ Zone 2 Lloydminster west to Vegreville and north, Lac la Biche, St. Paul
_____ Zone 3 Grande Prairie and area _____ Zone 4 Edmonton and area _____ Zone 5 Leduc south to Carstairs
_____ Zone 6 Calgary and area _____ Zone 7 Medicine Hat area _____ Zone 8 Lethbridge area

NAME: _____
Please Print (Surname) (First Name)

Participating Gender: **M or F** Highest Average Last Season: _____ Bowling Center _____

MBAofA Card # _____ NCCP Locker # _____

ADDRESS: _____ PHONE: (_____) _____

CITY: _____ POSTAL CODE: _____

E-Mail Address: _____

Number of years qualified to compete at Nationals: _____

Acknowledgements:

1. I have or will purchase an A5 card before the deadline indicated in the MBAofA Standing Rules and Policies
2. I have completed the "Safe Sport" module found at the Locker at www.coach.ca
3. I have completed the "Making Headway" module found at the Locker at www.coach.ca
4. I have completed the "Understanding the Rule of Two" module found at the Locker at www.coach.ca
5. I have signed and attached the declaration for the "Universal Code of Conduct to Prevent & Address Maltreatment in Sport"
6. I will be a min. 19 yrs. by Dec. 31 of this season.
7. I agree to abide by the MBAofA Standing Rules & Policies or potentially receive a reprimand, suspension, or expulsion from the MBAofA
8. I will follow the guiding principles of True Sport: Go For It, Play Fair, Respect Others, Keep it Fun, Stay Healthy, Include Everyone & Give Back
9. I GRANT PERMISSION to any of the affiliated Local, Provincial & National Bowling Associations, the revocable right to collect, use and disclose, at their discretion, any information about me and my participation in any event (not limited to information contained in this registration package) for publicity, advertising, or other promotion of any event or for the purpose of acknowledging or publicizing my achievement at any event. I understand that this may include written, pictorial, or video materials. **Or I revoke permission** _____

Bowler's Name: _____ **Bowler's Signature:** _____

Fees:	Annual MBA membership. (\$35) or Lifetime Member (\$0)	\$ _____
	Annual Tournament participation fee. – Teaching & Seniors Div \$20 or Tournament Div \$40	\$ _____
	Late fee for membership renewals paid after September 18 (\$20)	\$ _____
	Fees due	\$ _____ Total

Sponsored By: _____ Sponsor Signature: _____
(MBA Executive/ Clinic Facilitator or Proprietor)

Bowling Centre or Clinic Number: _____

UNIVERSAL CODE OF CONDUCT TO PREVENT AND ADDRESS MALTREATMENT IN SPORT

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1080 Beaver Hall, Suite 950

Montréal, QC, H2Z 1S8

Tél: 514-866-1245 / 1-866-733-7767

Fax: 514-866-1246 / 1-877-733-1246

www.crdsc-sdrcc.ca

[UCCMS-v6.0-20220531.pdf \(sportintegritycommissioner.ca\)](#)

MBAofA Member Acknowledgement

I have read and understand the Sport Dispute Resolution Centre of Canada **UNIVERSAL CODE OF CONDUCT TO PREVENT AND ADDRESS MALTREATMENT IN SPORT**.

I agree to conduct myself in a manner that demonstrates the standards established in the **UNIVERSAL CODE OF CONDUCT TO PREVENT AND ADDRESS MALTREATMENT IN SPORT**.

NCCP (Locker) # _____ or MBAofA membership # _____

Print Name: _____

Signature: _____

Date: _____