

## **2018 Indiana Middle School Bowling Student Rules of Conduct & Uniform**

1. Students must be in grades 5, 6, 7 or 8. In tournament they must bowl for the school they attend. There will be no consolidation of schools in the same district.
2. All bowlers must be USBC certified and be able to show proof of membership. The cost of certification is \$4. Once a bowler is certified in any league he/she is eligible for any and all leagues.  

Students must abide by USBC Rule #400. Members may not bowl, substitute or pace in any bowling activity which offers any of the following as prizes: 1) Cash or bonds, 2) Merchandise exceeding \$500 in value. Bowlers may bowl in SINGLES events that award cash prizes if they file a waiver form prior to bowling in the event.
3. Bowlers must meet their school's grade criteria for athletic competition. This is for local or state competition. It is up to school/center policy if they can attend practices.
4. All middle school matches are to be non-smoking events. Players caught using tobacco, alcohol or drugs on the center grounds will be immediately suspended from that day's activities. They are then subject to their school's policy for discipline.
5. All bowlers are subject to their school's policy for athletic participation and discipline.
6. Un-sportsmanlike conduct, including but not restricted to deliberate foot fouls, vulgar language, or abuse of equipment of facilities, is not permitted.
7. Team competitors must wear the T-Shirt with the 'Official IMSB Logo' and slacks for all matches (No cargo pants, blue jeans, shorts or Capri's). If a team member is not in uniform, the individual will not be allowed to participate.
8. The conference coordinator or tournament director will have final say as to inappropriate dress or jewelry.
9. It will be the responsibility of each participant in the IMSB to arrange for his/her own transportation to and from practices, matches and tournaments. It will be required that all participants sign waivers of liability, stating that they are assuming full responsibility for their transportation and will hold the school districts, coaches, and bowling centers harmless for any actions as a result of travel in connection with IHSB activities.

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**THIS NEEDS TO BE FILLED OUT AND TURNED INTO COACH/CENTER PRIOR TO PRACTICE/BOWLING.**

## 2018 Student Travel Authorization, Waiver & Release

My Child, \_\_\_\_\_, has permission to attend all scheduled Indiana Middle School Bowling Conference events. **BOTH STUDENT AND PARENT/GUARDIAN ASSUME AND ACCEPT ALL RISKS** related to transportation to and from each IMSBowling event. I understand that participation in the IMSBowling events involves potential risks of injury, both minor and serious. **BOTH STUDENT AND PARENT/GUARDIAN ASSUME AND ACCEPT ALL RISKS** associated with participation in IMSBowling events.

In consideration of IMSBowling permitting participation in IMSBowling events, **BOTH STUDENT AND PARENT/GUARDIAN HEREBY AGREE TO WAIVE ANY AND ALL CLAIMS OF WHATEVER NATURE, INCLUDING NEGLIGENCE, ARISING FROM PARTICIPATION AND TRANSPORTATION RELATED TO IMSBowling EVENTS** against Indiana Bowling Centers Association and Indiana Middle School Bowling (Board, Rules Committee, and Individual Members), All Participating Middle Schools, All Participating Bowling Centers, All Assigned Coaches, and each & every officer, employee, and agent of them.

**I have read the Rules of Conduct. I agree to abide by all eligibility rules of the Indiana Middle School Bowling Program. I understand and agree that if I am in violation of any of the rules, I will be asked to comply or I may be removed from competition. I have read the Travel Authorization, Waiver & Release and agree to its terms.**

Student Name - Printed \_\_\_\_\_

Signature \_\_\_\_\_ Male Female (Circle one)

Center \_\_\_\_\_ School now \_\_\_\_\_

School they will attend as 8<sup>th</sup> grader \_\_\_\_\_

USBC # \_\_\_\_\_ Grade/Class in School 5 6 7 8 (Circle One)

Parent/Guardian Name – Printed \_\_\_\_\_

Signature \_\_\_\_\_

Emergency Phone # (include area code) \_\_\_\_\_ Second # \_\_\_\_\_

Date \_\_\_\_\_

**The coach MUST have this completed form before the athlete is allowed to practice.** This form must be forwarded to the State Office (PO Box 66, Camby, 46113) by **March 12, 2018.**