

KENT RECREATION YOUTH BOWLING PROGRAM

AT
CARMEL BOWL
OLD ROUTE SIX, CARMEL, N.Y.

Starting On

TUESDAY JANUARY 19th FROM 4:30PM – 6:30PM

For

PEE WEE AGES 5 TO 8 YEARS – BOYS AND GIRLS
JUNIORS AGES 9 AND UP – BOYS AND GIRLS

Form a team of 4 or sign up individually. Each team member must register.

DEADLINE THURSDAY JANUARY 14TH

REGISTRATION FEE IS \$25.00 PER BOWLER – PAYABLE TO KENT RECREATION.
(COST COVERS PARTY, AWARDS, SHIRT & EXPENSES)

THE COST FOR BOWLING IS \$44.00 FOR 8 WEEKS FOR TWO GAMES AND SHOE RENTAL.
THIS FEE OF \$44.00 IS DUE AT REGISTRATION – PAYABLE TO CARMEL BOWL.

PARTICIPANTS DO NOT HAVE TO BE SUPER ATHLETES AND WILL HAVE A LOT OF FUN
WITH THEIR FRIENDS.

THE PROGRAM STARTS TUESDAY JANUARY 19TH AND WILL GO FOR 8 WEEKS.

REGISTRATION DEADLINE – FIRST COME FIRST SERVED

(Get your form in ASAP to insure participation)

ALL MEMBERS WILL BOWL FOR AN AVERAGE ON JANUARY 19TH

PARENTS ARE RESPONSIBLE TO TRANSPORT CHILDREN TO AND FROM BOWLING
CAR POOLING HAS BEEN DONE IN THE PAST WITH GREAT SUCCESS
CARMEL BOWL WILL KEEP TRACK OF CHILDREN'S SCORES ON COMPUTER

COMPLETED REGISTRATION FORMS AND REGISTRATION FEE CAN BE DROPPED OFF AT THE KENT
RECREATION OFFICE - MONDAY THRU FRIDAY – 9:30AM TO 5:00PM. OR MAIL FORMS TO
KENT RECREATION

770 ROUTE 52, CARMEL, NY 10512.

OR DROP COMPLETED FORMS IN MAIL SLOT AT OFFICE 24 HOURS A DAY.

REGISTRATION FORM

NAME _____ AGE _____

ADDRESS _____ SHOE SIZE _____

TELEPHONE# _____ EMERGENCY CONTACT _____

EMAIL ADDRESS _____

INDIVIDUAL _____ LIST NAME OF TEAM MEMBERS

1. _____
2. _____
3. _____
4. _____

BY LAW THE TOWN OF KENT CANNOT AND DOES NOT PROVIDE MEDICAL INSURANCE FOR
PARTICIPANTS IN IT'S PROGRAMS.

I HEREBY AUTHORIZE MY SON/DAUGHTER, TO PARTICIPATE IN THE ABOVE MENTIONED PROGRAM
SPONSORED BY THE KENT RECREATION DEPARTMENT. I HEREBY RELEASE THE AGENTS, SERVANTS
AND EMPLOYEES FROM ANY LIABILITY FOR PERSONAL INJURIES OR PROPERTY DAMAGE
SUSTAINED BY MY CHILD IN CONNECTION WITH SUCH PARTICIPATION. IN THE EVENT OF INJURY I
AUTHORIZE KENT RECREATION COMMISSION STAFF MEMBER TO TAKE MY CHILD TO THE HOSPITAL
FOR TREATMENT AT MY EXPENSE.

SIGNATURE OF PARENT OR GUARDIAN _____

IF YOU NEED ADDITIONAL INFORMATION CALL LEISURE LINE 845-225-1400

**TWO CHECKS MUST BE ENCLOSED WITH THIS REGISTRATION, ONE FOR \$25.00
PAYABLE TO KENT RECREATION FOR REGISTRATION AND ONE FOR \$44.00 FOR
8 WEEKS OF BOWLING PAYABLE TO CARMEL BOWL**