

Town of Kent Recreation & Parks



2015 Fall Bowling



Come bowl with us in the family friendly environment of Spins Bowl of Carmel

Registration includes 2 games per night for 8 weeks, shoe rental, and pizza party on final day!



Enjoy the modern features of Spins Bowl including QUBICA Automated Scoring Systems and Brunswick synthetic lanes

Detailed flyer and registration form can be found on the following pages!

Louis M. Fernandez
 Director of Recreation and Parks



Town of Kent Recreation and Parks Department
 25 Sybil's Crossing Kent Lakes, NY 10512

Telephone: (845) 531-2100
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Email: recreation@townofkentny.gov
 Webpage: www.townofkentny.gov

Kent Recreation Bowling 2015 Fall Registration

Registration begins August 31

Division	Age	Fee Payable to "Spins Bowl Carmel"	Fee Payable to Kent Recreation
Bumper Bowl	Boys and Girls	5 – 8	\$50
<p>This is an 8 week program that takes place on Mondays at 6pm at Spins Bowl of Carmel (formerly Carmel Bowl). Bumpers will be used in this division. Teams will consist of either 3 or 4 players (depending on the number of children that register). You may choose teammates for your child or your child will be placed on a team with other players. Fee paid to Carmel Bowling Alley covers 2 games per night and shoe rental for the entire program. All players will receive T-Shirts. The winning team members will receive trophies, all participants will receive medals. There will be a party on the last day of bowling; pizza and soda will be provided for the players.</p> <p>Bowling dates: Mondays; October 19, 26, November 2, 9, 16, 23, 30, December 7</p>			

Youth Bowl	Boys and Girls	9 – 12	\$50
<p>This is an 8 week program that takes place on Mondays at 6pm at Spins Bowl of Carmel (formerly Carmel Bowl). Bumpers will not be used in this division. Teams will consist of either 3 or 4 players (depending on the number of children that register). You may choose teammates for your child or your child will be placed on a team with other players. Fee paid to Carmel Bowling Alley covers 2 games per night and shoe rental for the entire program. All players will receive T-Shirts. The winning team members will receive trophies, all participants will receive medals. There will be a party on the last day of bowling; pizza and soda will be provided for the players.</p> <p>Bowling dates: Mondays; October 19, 26, November 2, 9, 16, 23, 30, December 7</p>			

Children must be the required age by December 1, 2015

Registration forms may be dropped off or mailed to the Kent Recreation Office

Registration deadline is Friday, October 9, 2015!

Kent Recreation and Parks Department

25 Sybil's Crossing, Kent Lakes, NY 10512

Phone: 845-531-2100

E-Mail: recreation@townofkentny.gov



2015 Fall Youth Bowling Registration Form

Fill out form completely. Please print legibly!

Division:	Age:		Bowling Fee (payable to Spins Bowl Carmel)	Registration Fee (payable to Kent Rec)
Bumper Bowl <input type="checkbox"/>	5 - 8	Child must be the required age by 12/1	\$50.00	\$30.00
Youth Bowl <input type="checkbox"/>	9 - 12		\$50.00	\$30.00

PARTICIPANT INFORMATION

Participant's Last Name:		First:	MI:	Birth Date:	Age:	Sex:	
						Male <input type="checkbox"/>	Female <input type="checkbox"/>
Street Address:			Home Phone Number:		Second Phone Number:		
City:	State:	ZIP Code:	E-Mail		E-Mail 2		
Shirt Size:	Y A	Shoe Size:	Y A	Did child play last year?	Which Division?		
XS S M L XL				Yes <input type="checkbox"/> No <input type="checkbox"/>			
Does your child have any disabilities, allergies or special circumstances we should be aware of? Yes <input type="checkbox"/> No <input type="checkbox"/>							
If yes, please explain:							

TEAM INFORMATION

Please list the names of the other children, in the same division, who you would like on your child's team. Teams are made up of 4 participants. If there are not 4 participants (3 besides your child) requested then teams will be made up by the Recreation Dept.

1.	3.
2.	

PARENT/GUARDIAN INFORMATION

Father's Name:		Mother's Name:	
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:

EMERGENCY CONTACT INFORMATION

In an emergency I/We cannot be reached please contact:	Relationship to Participant:	Phone Number:	2nd Phone Number:

PARENT OR GUARDIAN AUTHORIZATION, DISCLAIMER AND WAIVER OF LIABILITY

By law The Kent Recreation and Parks Department cannot and does not provide medical insurance for the participants in its programs. I hereby authorize my son/daughter to participate in the bowling program sponsored by The Kent Recreation program. I hereby release the agents, servants and employees from any liability for personal injury or property damage sustained by my child in connection with such participation. In the event of injury, I authorize Kent Recreation officials to take my child to a hospital for treatment at my expense.

Date:	Parent or Guardian Signature:
	Please Print Name:

OFFICE USE

Registration Date:	Registration Fee:	<input type="checkbox"/> Cash	Make checks payable to: KENT RECREATION	Check Number:	Receipt Number: