

**KENT RECREATION &
PARKS PRESENTS...**

2017 WINTER BOWLING

Come join us for our fall season of youth bowling at the newly renovated Spins Bowl of Carmel! Registration includes 2 games per night for 8 weeks and a pizza party on the final day of play!



Sign up by mail or at the Kent Recreation office in the Kent Town Hall at 25 Sybil's Crossing



Last day to register is Friday, January 20th
Matches begin on Monday, January 30th

**DETAILED FLYER & REGISTRATION FORM CAN BE FOUND
ON THE FOLLOWING PAGES!**

845-531-2100

RECREATION@TOWNOFKENTNY.GOV

WWW.TOWNOFKENTNY.GOV/RECREATION

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
Fax: (845) 225-5130

Email: recreation@townofkentny.gov
Webpage: www.townofkentny.gov

Kent Recreation Bowling

2017 Winter Session

Registration begins December 12th

| Division | Age | Fee Payable to Spins Bowl | Fee Payable to Kent Recreation | |
|--|-----------------------|----------------------------------|---------------------------------------|-------------|
| Bumper Bowl | Boys and Girls | 5 – 8 | \$50 | \$30 |
| <p>This is an 8 week program that takes place on Mondays at 6pm at the Spins Bowl Carmel. 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 Spins Bowl Carmel 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 - January 30, February 6, 13, (20 No Bowling), 27, March 6, 13, 20, 27</p> | | | | |
| Youth Bowl | Boys and Girls | 9 – 12 | \$50 | \$30 |
| <p>This is an 8 week program that takes place on Mondays at 6pm at the Spins Bowl Carmel. 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 Spins Bowl Carmel 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 - January 30, February 6, 13, (20 No Bowling), 27, March 6, 13, 20, 27</p> | | | | |

Children must be the required age by March 1, 2017

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

Registration deadline is January 20, 2017!



Kent Recreation and Parks Department

25 Sybil Crossing, Kent Lakes, NY 10512

Phone: 845-531-2100

E-Mail: recreation@townofkentny.gov

2017 Winter Bowling Registration Form

Fill out form completely. Please print legibly!

| | | | | |
|--------------------------------------|--------|---------------------------------------|--|---|
| Division: | Age: | | Bowling Fee (payable to Spins Bowl Carmel) | Registration Fee (payable to Kent Recreation) |
| Bumper Bowl <input type="checkbox"/> | 5 – 8 | Child must be the required age by 3/1 | \$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: | | Secondary 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 Kent Recreation.

| | |
|----|----|
| 1. | 3. |
| 2. | |

PARENT/GUARDIAN INFORMATION

| | | | |
|---|-------------|----------------|-------------|
| Father's Name: | | Mother's Name: | |
| | | | |
| Home Phone: | Cell Phone: | Home Phone: | Cell Phone: |
| | | | |
| Are you interested in being a volunteer: <input type="checkbox"/> Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Sponsor | | | |

EMERGENCY CONTACT INFORMATION

| | | | |
|---------------------------------|------------------------------|---------------|-------------------|
| In an emergency 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: |
| | | | | | |