



Kent Recreation and Parks Department

25 Sybil Crossing, Kent Lakes, NY 10512

Phone: 845-531-2100

E-Mail: recreation@townofkentny.gov

2015 Fall 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 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:		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 the Recreation Department.

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 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: