

# Westerly Recreation Department

## After School Bowling

√ Below **This program is supported by the Westerly Public Schools**

\_\_\_\_\_ State Street—Grades 1-4 Tuesday 10/4-12/6 pickup 5:00pm

\_\_\_\_\_ Dunn's Corners— Grades 1-4 Tuesday 10/4-12/6 pickup 5:00 pm

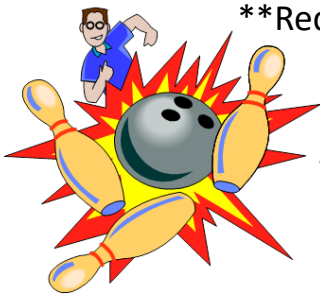
\_\_\_\_\_ Westerly Middle School Grade 5-7 Wed 10/5-12/7 pickup 4:00 PM

\_\_\_\_\_ Springbrook— Grades 1-4 Thursday 10/6-12/8 pickup 5:00 pm

\_\_\_\_\_ Bradford— Grades 1-4 Thursday 10/6-12/8 pickup 5:00pm

Total Cost Is \$12.00 per Week (Pay in advance or weekly)

**\*\*Reduced cost Scholarships available – See requirements below\*\***



Shoe Rental – Bus Transportation

Snacks: Hot Dog or Pizza, Chips, & Drink Included

No Bowling on School Vac. Days or Cancellations

**SIGN UP DEADLINE Thur 9/29**

Complete Registration Form & Mail, Fax, or Bring To:

Westerly Recreation Department

93 Tower Street, Westerly, RI 02891

348-2715 (office) 348-2281 (fax) **\*\*Reduced cost scholarships available to those who participate in the lunch program, proof must be provided\*\***



Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ School attending: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Street: \_\_\_\_\_

City: \_\_\_\_\_ St : \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Medical Info: (special needs, allergies, asthma, etc.) \_\_\_\_\_

**WESTERLY RECREATION DEPARTMENT BOWLING PROGRAM**

**PLEASE READ THE FOLLOWING CAREFULLY**

Please enter \_\_\_\_\_ (Participant's name) in the bowling program conducted at Alley Katz Bowling Center.

I agree to assume responsibilities for all actions, risks damages, illnesses and bodily injury while the aforementioned is participating in the bowling program or being transported by bus to Alley Katz Bowling Center.

I understand this bowling program is conducted at Alley Katz Bowling Center and my child will be transported by bus to Alley Katz and I will be responsible for my child's transportation from Alley Katz.

In consideration being accepted as a participant in the bowling program, I hereby for myself, my heirs, executors and administrators, release and discharge the bus supervisors, bowling managers, monitors, or anyone associated with the said program, Town of Westerly, its employees, officials, and agents, Westerly Recreation, Westerly Board of Education, custodians, any person (s) associated with the present or future, whether the same be known, anticipated or unanticipated, resulting from arising out of, or incident to the aforementioned participant in this bowling program. I hereby state the aforementioned participant is in good general health and proper physical condition to participate in the Bowling Program. I, the undersigned parent/guardian, do hereby grant permission for my child to receive the necessary medical treatment in the event that he/she may sustain an injury or illness during my absence. I understand that if my child has an allergy, injury, or illness that needs immediate attention, I must be responsible or present at all times.

I have informed the proper authorities (the Westerly Recreation Department) in writing of any medical condition of the aforementioned participant and agree to wear (the participant) the proper attire for this sport.

**I hereby agree to provide transportation for my child from Alley Katz Bowling Center promptly at the ending time. If your child is not picked up on time, he/she will not be allowed to participate the following week. Also, if a parent or authorized adult does not sign out your child, he/she will not be allowed to participate the following week.**

**Non-payment will result in your child being unable to participate in this program.**

**Team pictures will be taken: I give my permission to have my child's picture taken:**

Check one \_\_\_\_\_ Yes \_\_\_\_\_ No

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Email: \_\_\_\_\_

School Attending: \_\_\_\_\_ Teacher's: \_\_\_\_\_

Authorized Pick Up Person(s): 1. \_\_\_\_\_ Phone \_\_\_\_\_

**Parents include yourselves**

2. \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_

If parent or guardian listed above cannot be contacted in the event of an illness or problem, contact:

\_\_\_\_\_

Name

Phone

Relationship