



# Bowling at AMF Silver Lanes

Come bowl!! This program is for all ability levels...from the student who has never bowled to the experienced bowler. Students will be coached by a certified bowling instructor. Activity fee includes the cost of three games and shoe rentals.

**Session Dates:** April 23,  
 April 30 (1/2 day)  
 May 7  
 May 14  
 May 21 (1/2 day)  
 June 4  
 June 11

**Day/Time:** Wednesday 3:30 pm – 5:30 pm

**Registration:** The below permission slip is the registration form and must be returned to Ms. Pandolfo by **Friday 4/11**

**Activity Fee:** **\$56.35** checks payable: **Hall of Fame Silver Lanes**

**Transportation:** Students will take a CREC bus #2234 to Hall of Fame Silver Lanes.

**Pick-Up:** 5:30 at Hall of Fame Silver Lanes on Silver Lane in East Hartford, pick up by parent/guardian must be arranged.

of

**Student Name:** \_\_\_\_\_ **Student Signature:** \_\_\_\_\_  
**City/Town:** \_\_\_\_\_ **Grade:** \_\_\_\_ **HR #:** \_\_\_\_

I, \_\_\_\_\_ give my permission for my son/daughter to participate in the after school  
**Parent/Guardian Name**

Program at Two Rivers Magnet Middle School. I/we fully understand that participating in the after school program may be hazardous and poses a risk of injury, including but not limited to sprains, strains, contusions, abrasions, broken bones and in extreme cases paralysis or death. Due to the potential hazards associated with the activities, I/we recognize the importance of following the instructions of coaches, trainers, and supervising personnel regarding playing techniques, training and other rules associated with the activity.

By signing this form, I authorize Two Rivers Magnet Middle School, through its employees and agents, to arrange for emergency medical, dental, and hospital care for the above student during the course of the after school program.

I acknowledge that I have read and understand the guidelines for participation. I have reviewed the information with my child and I give my permission for participation in the above signed activity.

\_\_\_\_\_  
**Parent/Guardian Signature** **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Emergency Phone Number** \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian Email**