

# Non-Competitive Youth Bowling League



Fall Session:  
Wednesdays,  
September 19-December 5, 2018  
(no bowling on October 31 &  
November 21)

4:15-5:45pm

Classic Lanes, 1840 Military Road,  
Kenmore

\$55 per person (includes 2 games of  
bowling for 10 weeks, shoe rentals,  
special gift, and  
pizza party on the last day)

Pre-registration required.  
Registration opens July 30.

Visit [www.ttypr.com](http://www.ttypr.com) for more information or contact us at  
831-1001 or [nfields@tonawanda.ny.us](mailto:nfields@tonawanda.ny.us) with questions.

*Kenmore-Tonawanda UFSD neither endorses nor sponsors the organization or activity represented in this material.  
The distribution of this material is provided as a community service.*



# REGISTRATION FORM

Online Registration: [www.ttypr.com](http://www.ttypr.com)

Walk-in Registration:

YPR Department, 299 Decatur Road, 831-1001  
 Aquatic & Fitness Center, One Pool Plaza, 876-7424  
 Senior Citizen Center, 291 Ensminger Road, 874-3266

Adult Registrant or Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Work Phone \_\_\_\_\_

Check in box if your address has changed in the last year.

E-mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

I authorize the TOTYPR to contact us by email. This can be changed at a later date.

Activity # - section 123456-01	Program Name	Participant's First Name	Participant's Last Name	Birthdate	M/F Circle	Fee
416080 — BP	Non-Competitive Bowling: Bumper K-2				M F	\$55
416080 — A	Non-Competitive Bowling: Division K-4				M F	\$55
416080 — B	Non-Competitive Bowling: Division 5-8				M F	\$55

Bumpers (BP) are for kids in Kindergarten, 1st grade, and 2nd grade only.

Participants are placed on a two-person team.

Group A: Grades K-4. Participants are placed on a three-person team.

Group B: Grades 5-8. Participants are placed on a three-person team.

Children in grades 5-8 may bowl in group A if they wish to bowl with someone younger or have never bowled before, however students in grades 1-4 may not bowl in group B.

**Total Fees:** ➔

I would like to bowl with:

\_\_\_\_\_

School I attend: \_\_\_\_\_

**Shirt Size (please circle one):**

Youth:      Small              Medium              Large

Adult:        Small              Medium              Large

### ASSUMPTION OF RISK & RELEASE FORM

The undersigned person requests and is granted permission to participate in classes, activities programs and/or events sponsored by the Town of Tonawanda ("Town") whether occurring on its premises or elsewhere. In consideration of participation in any such class, activity, program or event, the undersigned, his/her personal representatives, heirs and/or assigns, DOES HEREBY:

1. RELEASE, DISCHARGE AND COVENANT NOT TO SUE the Town, its Board, Officers, Employees and/or Agents from any and all claims for personal injury or property damage, except those resulting from the Town's negligence, arising out of participation in any such class, activity, program or event, and further agrees to hold harmless the Town from any claims, judgments or expenses the undersigned may incur by participation in the described activity.
2. UNDERSTAND that participation in the described activity involves danger and risk of injury. The inherent danger is understood and voluntarily assumed.
3. ACKNOWLEDGE that the undersigned is aware of equipment and safety regulations and will comply with each regulation ASSUMING ALL RISK for himself/herself and all liability to others for failure to do so. No oral representations or inducements have been made prior to signing this agreement. If any portion of this agreement is held invalid, it is agreed that the balance thereof shall continue in full legal force and effect.

I HAVE READ THIS DOCUMENT AND UNDERSTAND THAT IT IS A RELEASE OF CLAIMS ON THE CONDITIONS SET FORTH ABOVE. I UNDERSTAND AND ASSUME ALL RISKS INHERENT IN THIS ACTIVITY ON BEHALF OF MYSELF OR IN MY CAPACITY AS LEGAL GUARDIAN FOR THE PARTICIPANT BELOW.

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Date

#### Office Use Only:

Date: \_\_\_\_\_ Initials: \_\_\_\_\_ Facility \_\_\_\_\_ Res Proof \_\_\_\_\_

**Method of Payment:**  Cash  Check  MC  VISA  Discover  Other \_\_\_\_\_

*Credit Cards not accepted through the mail or over the phone at any location!*