

SoWe Bowling League Permission Slip

League Rules

- League Nights – Thursdays, 6-8PM at 410 St Joe’s St - Oct. 3rd – Nov. 14th (no bowling Oct. 31st/ Halloween night)
- Participant must have turned in a signed permission slip to bowl
- This league is for ages 8-15
- Participants must wear sneakers (no other types of shoes are accepted – no crocs, boots, sandals, etc.)
- Participants are allowed to walk themselves to and from bowling. If they are going to be picked up by parents/guardians, parents/guardians should arrive by 7:50PM. If parents/guardians are not there by 8PM, participants will be expected to walk home.
- The focus of this program is to bowl, play, and socialize with peers. For this reason, we do not want participants to be on their phones during our league. When they arrive, we will put all participants phones in a basket, so they can focus on the game, and return them at the end of the night.

Agreement

I, _____ (name of parent/guardian) grant permission for _____ (participant’s name) to participate in the 2024 SoWe Bowling League. I understand that the program will have competent adult supervision and reasonable and appropriate measures will be made to minimize the risk of injury and/or accident. I understand and have been informed that taking part in this league involves a risk of injury and if an injury occurs, the parent/guardian listed above will be notified immediately.

I hereby release and hold harmless any adult volunteer with the league, from any liability, who in good faith is placed in a position requiring decisions to be made for emergency care or medical treatment of the above-named participant. In case of accident, injury, or loss, neither my family nor I will hold SoWe, Saint Joe’s Club, or the place where the event is held, nor any person or affiliate organization associated with the event responsible or liable.

I understand that parent/guardians are invited to stay and watch the bowling league, but this is not required. I also understand and have been informed that the program ends promptly at 8PM and that if I am not present by 8PM for pick, I hereby give permission _____ to walk home. Adult volunteers will not stay after hours for pickup.

Date:

Signature:

Participant's Information

Name:

Birthdate:

Grade:

Address:

Allergies (medications, food, insects):

Walking or Pick-up:

Parent/Guardian's Information

Name:

Address (if different than participant):

Primary Phone:

Email Address:

Relationship to Participant: