



*East Islip Lanes Presents*

# The Suffolk County PAL Junior Bowling Program

Choose Day & Time			
Day	Time	Starts	Day
Monday	4:30pm	9/23	Friday
Thursday	4:30pm	9/26	Saturday
		10:00am & 11:45am	9/21

## EVERY CHILD RECEIVES:

- ✓ 2 Games of Bowling Every Week!
- ✓ 12 Weeks of Bowling!
- ✓ Lane Bumpers Available!
- ✓ Free Shoe & Equipment Rental!
- ✓ End of Season Awards!

**Plus Each Child Can Get Their Own Custom Drilled  
Ball For An Additional \$5.00 Per Person Per Week**

**ONLY**  
**\$12.00**  
Per Person Per Week  
One Time Registration Fee of \$5.00



117 East Main St. East Islip, NY 11730 631-581-6200

**CALL BOWLING CENTER TO REGISTER  
& BRING SIGNED FORM ALONG WITH  
REGISTRATION FEE ON THE 1<sup>ST</sup> DAY OF BOWLING.**

Sport \_\_\_\_\_

Year \_\_\_\_\_



Name \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_

Phone \_\_\_\_\_

School District \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age \_\_\_\_\_

-- Registration and Insurance Fees are Non-refundable --

I/We, the parents of the above named child, hereby give our consent for participation in the above activity and do claim that he/she is in perfect physical condition to participate in said activity.

Furthermore, I/w the parent (s) of the above named candidate for a position on a league team hereby give my/our approval to his/her participation in all league activities during the current season. I/We assume all risks and hazards incidental to such participation including transportation to and from the activities; and I/we do hereby waive, Parent(s) Signature \_\_\_\_\_

release, absolve, indemnify and agree to hold harmless the Police Athletic League, Inc., associated organizations, organizers, sponsors, supervisors, participants and persons transporting my/our son/daughter to or from activities, for any claim arising out of injury to my/our son/daughter, except to the extent and in the amount covered by accident or liability insurance.

I/We, agree to return within 7 days or sooner, after notification, the uniform and other equipment issued to my/our son/daughter in as good condition as when received except normal wear and tear or pay equivalent cost.

Parent(s) Signature \_\_\_\_\_

Date \_\_\_\_\_

The distribution of this flyer by the School District is a courtesy extended to the activities of this non-profit organization, in no way does the District sponsor or accept responsibility for these activities.

OFFICE USE ONLY

I.D. No. \_\_\_\_\_

Act. Code \_\_\_\_\_

Int. Code \_\_\_\_\_

Insurance \_\_\_\_\_