

COMSTOCK YOUTH SPORTS



Comstock Youth Bowling

3rd - 4th - 5th - 6th - 7th - 8th Grade - **BOYS & GIRLS**

Students that participate must be attending Comstock Public Schools.

- Overview:** This will be an introduction to the sport of bowling. We will provide 5 dates of bowling for the kids to have fun and learn the game.
- Cost:** \$45 - Includes -shirt plus 2 games and shoes on each date of participation.
- Location:** Eastland Bowl
- Days:** Wednesdays from 6-7:30pm on Jan. 18, 25, Feb. 1, 8, 15
- More Information:** Information regarding the start date and participation will be communicated through the email you provided by 8pm on Friday, January 13. These details can also be found at www.comstockps.org/youthbowling
- Questions:** Call Justin Ansel at (269) 250-8711 or email justin.ansel@comstockps.org

Deadline to Register is Thursday, December 22.

Player Registration Form: Checks made payable to Comstock Athletics

- Mail to Comstock Athletics, Attn: Justin Ansel, 2107 N. 26th St., Kalamazoo, MI 49048
- Drop off to any Comstock Public Schools' Office.

Registration Fee

_____ \$45 - Includes uniform t-shirt plus 2 games & rental shoes on all 5 dates of participation

Player Shirt Size (Circle): YS, YM, YL, YXL, AS, AM, AL, AXL

Player Name: _____ Player Grade (Circle): 3rd 4th 5th 6th 7th 8th

School Player Attends (Circle): Middle Elementary STEM

Parent Name: _____ Parent Phone: _____

Parent Email: _____

Medical Conditions/concerns our staff should be aware of:

COACH Registration deadline for consideration is December 19.

Registration Fee Waived if you are chosen to be a coach. Ideally, we need one coach per 10 kids.
Coaching is more just supervision on each Wednesday participation date.

Parent Name: _____ Parent Phone: _____

Parent Email: _____ Coach T-Shirt Size: _____

Grade Interested in Coaching: _____ 3rd-4th Grade _____ 5th-6th Grade _____ 7th-8th Grade

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Emergency Contact Information

Child's Name: _____ Birthdate: _____

Home Address: _____

Parent/Guardian Name: _____ Cell Phone: _____

2nd Parent/Guardian Name: _____ Cell Phone: _____

Emergency Contacts

(When attempts to contact parents are not successful and also who may pick up the child if needed.)

Emergency Contact 1 Name: _____ Phone: _____

Emergency Contact 2 Name: _____ Phone: _____

Emergency Contact 3 Name: _____ Phone: _____

Risk Warning

As the parent/guardian of the above named child, I give permission for my child to be released from practices and games with the above listed emergency contacts when I am unable to do so or if I am not able to be reached on my above listed phone number.

I hereby authorize the coaching staff and directors to act for me in using the best judgment in any emergency requiring medical attention.

In consideration of my child's participation in Comstock sponsored athletics, I do hereby agree, understand, appreciate, and acknowledge: that participation in such athletics is purely voluntary; that such activities involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk I assume; and that I agree to, and hereby waive any and all claims, suits, losses, actions, or causes of action against Comstock, its members, officers, representatives, committee members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my child's participation in a Comstock sponsored sport.

Parent/Guardian Name (Printed): _____

Parent/Guardian Name (Signature): _____

Date: _____