



IT'S AFTER SCHOOL BOWLING TIME FOR



GRADES GOSHEN 2-8 STUDENTS

GET 'EM UP! GET 'EM OUT! GET 'EM MOVING!

Fun and Surprises!



Eastgate Lanes

will provide:

*Bus transportation



*BOWLING EQUIPMENT

- Your child will learn a fun activity they can enjoy for a lifetime.
- They will have a healthy snack.

*Supervision & teach basic bowling fundamentals

Cost only \$900 per week

Pay In Advance & Receive ONE WEEK FREE!

10-WEEK BOWLING PROGRAM
 BEGINS TUESDAY - OCTOBER 16TH THRU DECEMBER 18TH
 YOU CAN REGISTER UP TO OCTOBER 16TH
 AT EASTGATE LANES 1362 STATE ROUTE 28 575-2828

Student sign out at Eastgate Lanes 6PM.

The final week will be a Glow Bowl Rock 300 Party!

Bowling is now an Ohio High School Accredited Letter Sport.



EMERGENCY MEDICAL AUTHORIZATION

School _____ School District _____

Student Name _____ Address _____

Phone Number _____ City/State/Zip Code _____

Birth Date _____ Grade _____ E-Mail Address _____

PURPOSE: To enable parents and guardians to authorize the provisions of emergency treatment for children who become ill or injured while under the bowling center's authority, when parents or guardians cannot be reached.

- A. Residential Parent/Guardian
 Mother's Name _____ Mother's Daytime Phone Number _____
 Father's Name _____ Father's Daytime Phone Number _____
 Other Name/Relationship _____ Other Daytime Phone Number _____
- B. Name of Relative/Childcare Provider _____
 Name _____ Relationship _____

***** PART I OR PART II MUST BE COMPLETED AND SIGNED *****

PART I MUST BE COMPLETED TO GRANT CONSENT: I hereby give consent for the following medical care providers/local hospital to be called.	
Doctor's Name _____	Phone Number _____
Dentist's Name _____	Phone Number _____
Medical Specialist _____	Phone Number _____
Local Hospital _____	Emergency Room Phone Number _____
<p>In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and (2) the transfer of the child to any hospital reasonably accessible.</p> <p>This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.</p> <p>Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted.</p>	
Signature of Parent/Guardian _____ Date _____	
Address _____	
• DO NOT COMPLETE PART II IF YOU COMPLETED PART I •	

I **DO NOT** give my consent for emergency medical treatment of my child. In the event of illness requiring emergency treatment, I wish the bowling center authorities to take the following action(s):

Signature of Parent/Guardian _____ Date _____

Address _____

THE PROGRAM WILL BE EVERY TUESDAY AFTER SCHOOL FOR 10 WEEKS, BEGINNING OCTOBER 16TH
 Please direct questions to Eastgate Lanes 1362 State Route 28 513-575-2828.
 Bus transportation is provided by Eastgate Lanes,
 picking students up at school and transporting them to Eastgate Lanes. Guardians must sign students out
 at the Eastgate Lanes control desk. We hope you understand this is for your safety.
 Goshen Local School District neither endorses nor sponsors this organization or the activities represented in this document.
 The distribution of this material is provided as a community service.

PLEASE COMPLETE THE BUS PERMISSION SLIP BELOW AND THE EMERGENCY MEDICAL FORM ABOVE

Child's Name: _____

Address: _____

City: _____ Zip: _____ Birthday: _____

SS#: _____ School: _____ Grade: _____

Parent or Legal Guardian Signature: _____