After School Bowling Program

A school supported activity operated by Beaver-Vu Bowl

A once a week, supervised environment
to enjoy physical activity, social interaction, and **BOWLING**!

www.daytonbowling.com/asbp.html
REGISTRATION FORM, Q&A, and PAYMENT OPTIONS

Bring a friend or meet a new friend ~ bowling is for everyone!

PROGRAM HIGHLIGHTS

*SUPERVISION PROVIDED on the bus and during program.
*Ride the Big Red Bus from your school to Beaver-Vu Bowl.
*Pick-up Time at Beaver-Vu Bowl: not later than 5:30pm.
*Registration can be turned in by email, at Beaver-Vu Bowl or your school office.
*Fees can be paid online or at Beaver-Vu Bowl.
*Snacks Cards available online to purchase snack from our café.
*Student participation in bowling is a FUNdraiser for your school.
*If there is no school, there is no program (holidays, weather, etc.).

Beaver-Vu Bowl's After School Bowling Program is at your school. We are pleased your school supports student participation in our program. Our After School Bowling Program began in the 2011/12 school year and has become a community success story. It is modeled after similar programs across nation where it has been accepted as a popular weekly after school activity for youth.

Safety of all participants is our #1 priority. Students are transported from school to the bowling center in our "Big Red Bus" driven by a state-licensed bus driver. In the bowling center, students are supervised by program staff with bowling experience, who organize and monitor their activity. When you arrive at our center to pick up your child, **sign-out with photo ID will be required**. There is nothing more important to us than the safety of your kids.

Your school will participate in a multi-week program this school year. **The Program Fee is $15.00 each week**, which includes shoe rental, up to three games of bowling, supervision, and instruction**. The Registration Fee of $25.00 is paid each school year.** Parents are welcome any time to observe the bowling activities. Additional details about the program are in this flyer and available on our website, www.daytonbowling.com.

If you have any questions please do not hesitate to contact our management staff. Thank you!

Best regards,

Levi McCoy
Proprietor
Beaver-Vu Bowl
937-426-6771

Susan Diamond
Program Coordinator
After School Bowling
susand@daytonbowling.com
937-426-6771 x116

1238 N. Fairfield Road
Beavercreek, OH 45432
937-426-6771, Phone

OFFICE USE ONLY
DATE REC'D: ____/____/____ REG. FEE PD: $_____
DATE REC'D: ____/____/____ PROG. FEE PD: $_____
DATE REC'D: ___/___/____ OTHER: _____

Gender: M F **T-shirt Size:** YS YM YL AS AM AL AXL

PICK-UP AUTHORIZATION for (bowler's name):

Beaver-Vu Bowl wants your confidence that children will only be released to individuals designated by you. Only you, the custodial parent/legal guardian may list and identify the names of people authorized to retrieve your child from inside our center. ***We will not release your child to anyone not listed below regardless of the relationship of that person and the child.*** Photo identification will be required at time of pick-up and sign-out to assure the safety of your child.

List below the name(s) of individuals authorized by you **(include yourself)** to sign out and retrieve your child from inside the bowling center. We require at least TWO CONTACT NAMES/NUMBERS to be listed, including one local contact not residing with the family. **Please PRINT.**

1. _____ _____ _____
   Name Relationship Phone Number (10-digits)
2. _____ _____ _____
   Name Relationship Phone Number (10-digits)
3. _____ _____ _____
   Name Relationship Phone Number (10-digits)
4. _____ _____ _____
   Name Relationship Phone Number (10-digits)

After School Bowling Program 2025-2026

1. **FEES: SCHOOL YEAR REGISTRATION FEE is $25.00; WEEKLY ACTIVITY FEE is $15.00.**
   Payment can be made by cash, check (payable to Beaver-Vu Bowl) or charge card. Online payments can be made at **daytonbowling.com/asbp.html.** Refer to the **Q&A page** on the website for more payment details.
2. This is an after school bowling program for children at your school in grades 3-8 (where applicable). The program runs for a scheduled number of weeks. Please check website or flyer for start/end dates. **Your child will be picked-up at the school by our bus immediately after school once a week on the day scheduled for your school and transported to Beaver-Vu Bowl. Should your student be absent from the After School Bowling Program for any reason, please notify the Program Coordinator at 937-426-6771, x116 or susand@daytonbowling.com.**
3. **There will be no bowling on days when there is a scheduled school holiday or a cancellation.**
4. Participants will have supervised bowling/activities until the conclusion of the program. The first week(s) will consist of orientation and on-lane safety. The remaining weeks will consist of bowling. Program Leaders will work with students during the entire program. There will be an opportunity to purchase food and beverage from the bowling center café.
5. After bowling, participants will be in an assigned area to await pick-up by designated individuals listed above.
   At Beaver-Vu Bowl the meeting room is behind lanes 61-62 and the Program Coordinator's office is behind Lane 60.

- ✓ **School Building**: _____
- ✓ **Program Day of Week**: _____
- ✓ **Pick-up time: Not later than 5:30 PM****

*****Failure to pick-up your child within the designated time frame will result in an additional charge of twenty dollars ($20.00) for each half-hour (or any portion thereof) for child supervision services. Payable at time of pick-up.***

Emergency Medical Authorization Form

Purpose: To enable custodial parent(s)/legal guardian to authorize emergency medical treatment for children who become ill or injured while under bowling center authority, when parent/guardian cannot be reached. This information will be shared, if necessary, with licensed medical personnel and staff members.

Child's Name: _____ Date of Birth: _____ / _____ / _____ Grade: 3 4 5 6 7 8

Home Address: _____ City/Zip: _____

Primary Family Email: _____ @_____ Teacher: _____

Residential Parent or Guardian

Name: _____ Contact Phone: (_____) _____ _____

Name: _____ Contact Phone: (_____) _____ _____

Add'l Contacts: 1. _____ Contact Phone: (_____) _____ _____

2. _____ Contact Phone: (_____) _____ _____

It is important to provide any pertinent medical history or information about existing conditions that may affect your child in this activity/learning environment and deemed important to provide to emergency medical personnel.

Medical and/or Learning Process Information: _____

_____

_____

Medications: _____

_____

Allergies: _____

_____

Part I or Part II MUST be completed

Part I: To Grant Consent

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor: _____ Phone: _____

Specialist: _____ Phone: _____

Dentist: _____ Phone: _____

Local preferred hospital: _____

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my consent for: 1) the administration of any treatment deemed necessary by the above-named licensed doctors, or, in the event the listed practitioners are not available, by another licensed physician/dentist; and 2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians/dentists, concurring for the necessity for such surgery, are obtained prior to the performance of such surgery.

_____ _____

Signature of Parent/Guardian Date

Part II: Refusal to Consent

I do **NOT** give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency medical treatment, I want the bowling center to take the following action:

_____

_____

_____ _____

Signature of Parent/Guardian Date

After School Bowling Rules of Conduct

PARENTS, please review and sign these rules with your child to help them understand the importance of good behavior and choices, assuring the safety and enjoyment of all participants. We also make our best effort to help your child make good choices during their time with us.

1. **Ride the Big Red Bus following the After School Bowling Program Transportation Rules, available at www.daytonbowling.com/asbp.html.**
2. **Respect each other. Be courteous to others around you.**
3. **Follow instructions of your Program Leader.**
4. **Stay in the bowling area unless excused by a Program Leader.**
5. **Keep your hands to yourself. Physical contact with others is not necessary.**
6. **Mobile phones and other electronic devices should be set on silent or vibrate and should not be a distraction during program time.**
7. **Bad language will NOT be tolerated.**
8. **No sitting on the tables, standing on the seats, or climbing on ball racks.**
9. **WALK; do not run in the bowling center. Think SAFETY.**
10. **Only one person on the bowling approach at a time.**
11. **Pay attention to when it is your turn to bowl. Be prepared to take your turn.**
12. **Return your bowling shoes to the front desk & ball to the rack when finished.**
13. **When finished with snack food/drink, clean up your own tray/trash.**

CONSEQUENCES

Activities are more fun when everyone follows the rules and makes good choices. The After School Bowling Program is a voluntary student activity and cooperation by participants is expected. Making a choice not to respect and follow the Rules of Conduct can result in these appropriate consequences:

1. 1st offense for misbehavior will result in a warning.
2. 2nd offense for misbehavior will result in removal from activity.
3. 3rd offense for misbehavior will result in a discussion with the parent/guardian and child of options if behavior has not improved.

_____ _____

Bowler's signature **Parent/Guardian signature**

_____

Date

RELEASE AND PUBLICATION OF PARTICIPANT PHOTO/VIDEO

The After School Bowling Program is required to ask for your consent to utilize, release and/or publish your child's photograph/video in publicity related to our program through Beaver-Vu Bowl. This media may include, but may not be limited to: print media, websites/social media, television, and the like. We will not release any of your child's personal identifiable information without prior written consent from a parent/guardian. We may identify the participating school but not individuals for a media item.

_____ **Consent is given.** _____ **Consent is <u>REFUSED</u>.**

_____ _____

Parent/Guardian signature **Date**