

# After School Bowling Program



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

Dear Parents:

The Beaver-Vu Bowl After School Bowling Program is at your school! We are pleased your school continues to support student participation in our program. Our After School Bowling Program is modeled after successful programs of this type in the 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 is less than most supervised after-school activities, including day care. The \$15.00 includes shoe rental, up to three games of bowling, supervision, and instruction. **A Registration Fee of \$20.00 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](http://www.daytonbowling.com).

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

Best regards,

*Douglas Wilson*

Proprietor  
Beaver-Vu Bowl  
937-426-6771

*Susan Diamond*

Program Coordinator  
After School Bowling  
[susand@daytonbowling.com](mailto:susand@daytonbowling.com)



1238 N. Fairfield Road  
 Beavercreek, OH 45432  
 Doug Wilson, Proprietor  
 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 want 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 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	Best Contact Number (10-digits)
2.	_____	_____	_____
	Name	Relationship	Best Contact Number (10-digits)
3.	_____	_____	_____
	Name	Relationship	Best Contact Number (10-digits)
4.	_____	_____	_____
	Name	Relationship	Best Contact Number (10-digits)

## After School Bowling Program 2024-2025

*A school supported activity operated by Beaver-Vu Bowl.*

**1. FEES: SCHOOL YEAR REGISTRATION FEE is \$20.00; WEEKLY ACTIVITY FEE is \$15.00.**

Payment can be made by cash, check (payable to Beaver-Vu Bowl) or charge card with a 3% convenience fee (at the bowling center). Refer to the **Q&A page** on the website for more payment details, [daytonbowling.com/asbp.html](http://daytonbowling.com/asbp.html).

**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 by email.**

**3.** **There will be no bowling on days when there is a scheduled school holiday or cancelled due to weather.** For questions about other schedule adjustments contact the bowling center, watch for notices by email service and social media posts.

**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.

- ✓ **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 ten dollars (\$10.00) 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: \_\_\_\_\_ Best Contact Phone: ( \_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Best Contact Phone: ( \_\_\_\_ ) \_\_\_\_\_

Add'l Contacts: 1. \_\_\_\_\_ Best Contact Phone: ( \_\_\_\_ ) \_\_\_\_\_

2. \_\_\_\_\_ Best 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 you deem 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

We appreciate parents reviewing these rules with their 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](http://www.daytonbowling.com).**
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. 1<sup>st</sup> offense for misbehavior will result in a warning.
2. 2<sup>nd</sup> offense for misbehavior will result in removal from activity.
3. 3<sup>rd</sup> 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 REFUSED.**

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date