

# “Bunny Bowling” Easter Party

## Saturday, April 7                      10am-2pm

### Registration Form

**Contact Person:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **D.O.B.** \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_

<u>Child's Name</u>	<u>Age</u>	<u>Shoe Size</u>	<u>Bumpers</u>	<u>Lunch Choice</u>
			Yes or No	ChFing   Slice   Burg   HotDog
			Yes or No	ChFing   Slice   Burg   HotDog
			Yes or No	ChFing   Slice   Burg   HotDog

**# of Kids:** \_\_\_\_\_ **Amt. Owed:** \_\_\_\_\_ **Amt. Paid:** \_\_\_\_\_

**Would like to bowl with:** \_\_\_\_\_

**Special Needs or Instructions:** \_\_\_\_\_

I, \_\_\_\_\_, parent of \_\_\_\_\_  
*In consideration of the babysitting services provided by Chacko's Family Bowling Center, Inc., hereby agree to waive all claims against Chacko's Family Bowling Center, Inc., and its agents, employees, representatives, officers, and directors (INDEMNITEES) for injuries or damages cause by, arising out of, or relating to my child's participation in the above referenced babysitting services, whether caused by, arising out of, or relating to negligence, misfeasance, or nonfeasance, whether sole or in combination with any other person or entity of INDEMNITEES.*

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you want your child/ren to participate in Chacko's Family Bowling Center's "Bunny Bowling" Easter Party babysitting services, please read the following rules, fill out this form entirely, sign the waiver, and return the completed information with payment to Chacko's Family Bowling Center.

- ➔ Chacko's Family Bowling Center's "Bunny Bowling Easter Party" is available 10am-2pm on Saturday, April 7, 2012 ONLY for children starting at age 3.
- ➔ Children are to be accompanied by an adult when they arrive/depart the facility. Our counselors would like to meet you. Parents are more than welcome to stay throughout the party.
- ➔ Please alert us on the form and in person if you child has a food allergy or medical issue.
- ➔ Please pick up your child promptly so as to be considerate to our counselors.

**\*\*\* For Staff Use Only \*\*\***

Payment Received: \_\_\_\_\_ (\$16 x # of children)

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

Waiver Signed and Completed:    Yes    No