

What is REACH Bowling?



Special Kids Connect's REACH programs bring communities together, creating environments of acceptance and understanding for everyone involved.

REACH Bowling is a four-week program designed to give children of all abilities the opportunity to have fun in a supportive, nurturing setting. Each week, players will be assigned to four-person ability-inclusive teams with the goal of meeting new people to naturally develop social skills in a welcoming team environment.



REACH Bowling is designed to give young people with disabilities the opportunity to bowl with their peers. However, it's also about giving children with and without disabilities

opportunities to learn from one another as they work collaboratively in pursuit of a common goal.

Join us! REACH Bowling begins Tuesday, July 9 and runs for four consecutive Tuesday afternoons, ending July 30. Registration is open to children and young adults, ages 6 - 22. *Space is limited.*

Register early to reserve your spot! For more information, visit specialkidsonnect.org or call (831) 372-2730.



Special Kids Connect
1900 Garden Road Suite 230
Monterey, CA 93940

REACH

Special Kids Connect



Bowling

Summer 2019

Program Registration

Ages 6 -22



Valley Center Bowl

1081 S. Main Street, Salinas

4 Tuesdays • 5 pm - 6 pm

July 9 through July 30

2019 REACH Bowling Registration

Tuesdays: July 9, 16, 23, 30 ~ 5 pm - 6 pm

Valley Center Bowl • 1081 S. Main Street, Salinas, CA 93901 **Cost: \$75**

Information: *Please print!*

Participant Name _____ Birthdate _____

Parent / Guardian Name(s) _____ Relationship to Participant _____

Parent/Guardian Email #1 _____ Parent / Guardian Phone #1 _____

Parent/Guardian Email #2 _____ Parent / Guardian Phone #2 _____

Address _____

City _____ Zip _____

Medical Information: *Please note essential medical information regarding the participant, including allergies.*

T-shirt Size (Circle one): Youth: S M L Adult: S M L XL 2XL 3XL

Note: If registration is received after June 21, your requested shirt size may not be available.

I understand that a parent/guardian must remain in the bowling alley for the duration of each session. *Please check the box, at left and initial here:* _____

Mail or drop off forms, with **\$75 payment***, to: **Special Kids Connect
1900 Garden Road, Suite 230
Monterey, CA 93940**

To register online with a credit card payment, visit <https://reachbowling2019.eventbrite.com>.

*Make checks payable to *Special Kids Crusade*. **There is a mandatory \$35 returned check fee for any check that is returned to Special Kids Connect for insufficient funds.** If registration is received after June 21, your requested shirt size may not be available. Space is limited and participation will be granted on a first-come, first-served basis. Your payment reserves your spot. Sorry, no refunds for accepted applications. For more information, call (831) 372-2730.

REACH BOWLING LIABILITY / WAIVER AND PERMISSION FORM

I understand that my child must be healthy and reasonably fit in order to participate safely in program activities, and I will inform program staff of any ailment, condition, or injury that may affect his/her ability to participate safely. I do hereby certify that to the best of my knowledge and belief that my child is in good health.

I give permission for my child to participate in the REACH program named above. I understand that activities may involve certain risks of physical activity and possible injury and that staff and volunteers will provide each participant with reasonable care, but that Special Kids Connect and/or its community partnering organization cannot guarantee that my child will remain free of injury. I nevertheless wish to have my child participate and I ASSUME the RISK of his/her participation. I agree to RELEASE from LIABILITY, INDEMNIFY and HOLD HARMLESS Special Kids Crusade, its community partnering organization(s) and their respective staffs, volunteers, and boards, from any and all claim and/or cause of action arising out of and related to my child's participation in this program/event.

If an injury or other medical condition occurs or arises during my child's participation in this program/event, I hereby give permission to program staff or volunteers to provide first aid. In the event that I cannot be reached in such an emergency, I hereby give permission for the staff to seek emergency treatment for my child. I do hereby consent to whatever x-ray, examination, anesthetic, medial, surgical or dental diagnosis or treatment are considered necessary in the best judgment of the attending emergency medical personnel, physician, surgeon or dentist.

If such medical treatment is necessary, I agree to assume full responsibility for such actions, including payment of costs.

I certify that I have legal custody of and responsibility for the above named child. If I have joint custody of this child, I further certify that I have notified the other parent or responsible party of his/her participation in this program.

I acknowledge that I have carefully read this document and understand the information in it. I agree to each of the terms and acknowledgements above.

Parent Signature **Date**

Printed Name **PUBLICITY/IMAGE/VOICE PERMISSION**

REACH programs may be photographed, videotaped and/ or audiotaped for program promotional, fundraising and/or educational purposes. Your signature signifies your agreement to the use of these pictures, audio and/or videotapes for promotional, fundraising and/or educational purposes without compensation.

I agree to the above conditions and give permission for my child to be photographed, videotaped and/or audiotaped as part of the REACH program.

Parent Signature **Date**