

Activity Drop-off Movie Night Permission slip

I give my child, (name) _____, (age) _____ permission to attend the Activity/Movie Night and watch a G or PG movie with the staff at East Greenbush Bowling Center who will be supervising my child during the movie.

In case of an emergency,
Parent/Guardian name (first & last): _____

Phone #: _____

Alternate emergency contact if need be is: _____

Phone #: _____

Is there anything special or of concern that we should know about your child?
(ex: food allergies, special requirements, medical concerns, etc.)

Who will be picking your child up? _____

Please provide picture ID

By signing below, I authorize the staff at East Greenbush Bowling Center to administer first aid treatment for any minor injuries or illnesses experienced by the minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the designated adult to summon any emergency personnel to attend, transport, and treat my child. I agree to assume all financial responsibility for all expenses of such care. This authorization is solely for the date of listed event only, and is only valid until I am present.

Parent's signature: _____ date: _____

Activity Drop-off:

MOVIE NIGHT!

August 25th

5:30PM-8:30PM

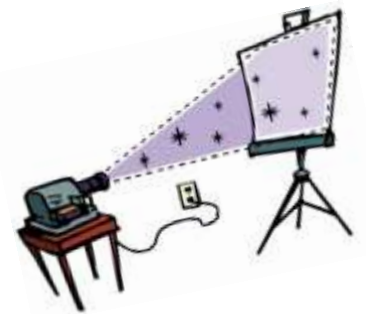
East Greenbush Bowling Center



Activities
Movies



Bowling
Snacks



Ages 5-15

Movie choice to be announced!
(Rated G or PG)

\$20 per child

Additional Children \$15 extra

For more information contact us at (518)477-9306