

Individual Permission/Authorization Form

*My Son/Daughter _____ has permission
to attend all scheduled events in regard to the Indiana Middle School Bowling Program.*

I accept full responsibility for transportation to/from each event and will not hold

_____ *Middle School,*
_____ *(Bowling Center),*

or it's assigned coaches, liable in case of accident or injury.

Parent/Guardian _____

Parent/Guardian *Signature* _____

Home Phone # _____

Work Phone # _____

Cell Phone # _____

Other Emergency Contact _____

Emergency Phone # _____

Date _____

