

KENT RECREATION &  
PARKS PRESENTS...

# 2019 TACTICAL LASER TAG

What is tactical laser tag? Well, we're glad you asked! TLT is a fast paced game that will put your teamwork to the test. It has all the advantages of a game like paint ball or airsoft, but with no projectiles. But don't worry, our equipment is so advanced it can hit targets up to 600ft away on a sunny day! This isn't your grandma's laser tag and we promise that with our game play area, gear and mission types, even the most seasoned gamer will certainly be challenged!

In conjunction with First Person Sports, Kent Recreation will be offering a 6-week league to both middle school and high school students in the Carmel Central School District. Teams will consist of 4 players (you can make your own team, or be placed on one).

DETAILED FLYER & REGISTRATION FORM CAN BE FOUND ON  
THE FOLLOWING PAGES!

845-531-2100

[recreation@townofkentny.gov](mailto:recreation@townofkentny.gov)

[www.townofkentny.gov/recreation](http://www.townofkentny.gov/recreation)

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Telephone: (845) 531-2100  
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Town of Kent Recreation and Parks Department  
25 Sybil's Crossing Kent Lakes, NY 10512

Email: recreation@townofkentny.gov  
Webpage: www.townofkentny.gov

Kent Recreation Presents:

# Tactical Laser Tag League

## 2019 Fall Registration

Division	Grade	Fee Payable to "First Person Sports"	Fee Payable to "Kent Recreation"
Alpha Division	Boys and Girls 5 – 12	\$70	\$25

This is a 6 week program (potential 7<sup>th</sup> week for top finishing teams) that takes place at Edward Ryan Memorial Park. 4 player teams will compete against each other in a series of missions that vary from week to week and will culminate with a single team becoming champion. Teams will receive coordinated shirts and the league will be equipped and managed by First Person Sports.

There is a maximum of 48 players in this program. Teams will play in half hour to 45 minute time blocks once per week (game play is two games per session). Team schedules will be made in advance, but weeks 1, 5 and 6 will not follow the standard half hour time block schedule. We will attempt to allot playing times to suit schedules but players should anticipate on playing in any ½ hour game time slot. Players must report ten minutes before their designated start time.

We will attempt to place individuals to make teams, however we cannot guarantee placement. Sessions lost to inclement weather will be made up at the end of the schedule. For more information on First Person Sports please visit their website at <http://www.firstpersonsports.com>.

Laser Tag Dates: **Thursdays – April 25, May 2, 9, 16, 23, 30 (potential 7<sup>th</sup> week for top finishing teams)**  
Laser Tag Times: **4:00pm – 5:30pm; 45 minute game blocks (may run as late as 5:45p)**

*There is a maximum of 48 participants in this program; teams will be capped at 4 players. Signups will be taken first come, first served.*

**Registration forms may be dropped off or mailed to the  
Kent Recreation Office**

**Registration deadline is Friday, April 12th**



Kent Recreation and Parks Department  
25 Sybil Crossing, Kent Lakes, NY 10512  
Phone: 845-531-2100  
E-Mail: recreation@townofkentny.gov

## 2019 Fall Tactical Laser Tag League

Fill out form completely. Please print legibly!

Division:	Age:	Squad Name	Laser Tag Fee (payable to First Person Sports)	Registration Fee (payable to Kent Recreation)
Alpha Division <input type="checkbox"/>	5 – 8 Grade	NAME:	\$70.00	\$25.00

### PARTICIPANT INFORMATION

Participant's Last Name:	First:	MI:	Birth Date:	Age:	Sex:
				Male <input type="checkbox"/>	Female <input type="checkbox"/>

Street Address:	Home Phone Number:	Secondary Phone Number:

City:	State:	ZIP Code:	E-Mail	E-Mail 2

Shirt Size:	Y	A			
S	M	L	XL	XXL	

Does your child have any disabilities, allergies or special circumstances we should be aware of? Yes  No

If yes, please explain:

### TEAM INFORMATION

Please list the names of the other children, in the same division, who you would like on your child's team. Teams are made up of 4 participants. If there are not 4 participants (3 besides your child) requested then teams will be made up by the Recreation Department.

1.	3.
2.	

### PARENT/GUARDIAN INFORMATION

Father's Name:	Mother's Name:

Home Phone:	Cell Phone:	Home Phone:	Cell Phone:

Are you interested in being a volunteer:  Coach  Assistant Coach  Sponsor

### EMERGENCY CONTACT INFORMATION

In an emergency I/We cannot be reached please contact:	Relationship to Participant:	Phone Number:	2nd Phone Number:

### PARENT OR GUARDIAN AUTHORIZATION, DISCLAIMER AND WAIVER OF LIABILITY

By law The Kent Recreation and Parks Department cannot and does not provide medical insurance for the participants in its programs. I hereby authorize my son/daughter to participate in the laser tag program sponsored by The Kent Recreation program. I hereby release the agents, servants and employees from any liability for personal injury or property damage sustained by my child in connection with such participation. In the event of injury, I authorize Kent Recreation officials to take my child to a hospital for treatment at my expense.

Date:	Parent or Guardian Signature:
	Please Print Name:

### OFFICE USE

Registration Date:	Registration Fee:	<input type="checkbox"/> Cash	Make checks payable to: <b>KENT RECREATION</b>	Check Number:	Receipt Number: