



# Kids Night Out



**WHEN:** Friday, January 11, 2019 6-10PM

**WHO:** For kids ages 5-5th grade

**WHAT:** JOIN US for Dinner (Pizza & Chips), Bounce House, Dodgeball, Crafts, and Small Foot the movie!

**WHERE:** Lake Community YMCA Field House

**CONTACT:** Christina Collins 330.877.8933

**FEE:** Members—\$14 Non-Members—\$20

**DAY OF:** Members—\$19 Non-Members—\$25

**\*Sign up by Thursday January 10th to guarantee a spot!**

**Drop off begins at 5:55PM**

## Registration Form – January 11, 2019

### Kids Night Out

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contacts \_\_\_\_\_

People permitted to pick up my child \_\_\_\_\_

Allergies or Medical Conditions \_\_\_\_\_

#### Release and Waiver of Liability

I hereby certify that this child is in normal health and capable of participating in the YMCA Kids Night Out Program. I understand that the YMCA does not carry health and accident insurance on its members or program participants. All expenses incurred in the treatment of injuries due to accidents will be the responsibility of the participant and his/ her own insurance carrier. On behalf of my child, I assume all risks and release and hold harmless the YMCA Association and all its members, staff and volunteers from any claims which might arise as a result of the child's presence, participation, and membership in the YMCA Association.

#### Release for Medical Treatment

In the event that reasonable attempts have been made to contact me, I give consent for emergency treatment of my child. I give consent for the administration of any treatment deemed necessary by a physician and/or the transfer of my child to any hospital reasonably accessible.

#### Permission to Publish Minor Photography

I, the undersigned parent, do hereby grant permission for my child's picture to be used in a news publication. I understand that his/her picture may or may not be used in a publication at the discretion of the editor. I further give permission for my child's name to be used in through the Lake YMCA whom I release and hold harmless from any incident, which may occur as a result of the publication of my child's picture.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date