



PARENTS' NIGHT OUT

FRIDAY, JANUARY 26 5:00—10:00 PM
OVIEDO YMCA

Join us for a night full of **friends, fun and water play!** Register your child(ren) for a Kid's Night Out in a safe environment with your YMCA Youth Development staff. Children will enjoy fun, enriching activities such as crafts, music and dance, water splash games, and more! Dinner to be provided. Kids— get ready for a **blast of splash!** Parents enjoy a well-earned evening out!

Please bring towel, bathing suit, and a change of clothes!

WHO: Event is for children
Ages 5—12 years

COST: Member fee—\$25 per child
Additional child—\$15
Guest Fee—\$35 per child
Additional child—\$25

TIME: Friday, January 26
5:00—10:00 p.m.



Questions? Contact, Youth Development Director, Sarah Parker, SParker@CFYMCA.org



KIDS NIGHT OUT

2017 REGISTRATION FORM

2017-2018 Grade: _____

PARTICIPANT INFORMATION:

First Name: _____ MI: _____ Last: _____

Gender: BOY GIRL DOB: ___/___/___ Age: _____

Current School Attending: _____

Address: _____ City: _____ State: _____ Zip: _____

PARENT/GUARDIANS INFORMATION:

Name: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email: _____ Legal Guardian? Yes No

Address (if different than above): _____

Name: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Email: _____ Legal Guardian? Yes No

Address (if different than above): _____

EMERGENCY CONTACTS:

Authorization to release child from program: **Mother** Yes No

* If No, documentation must be provided at the time of registration. **Father** Yes No

Persons other than Parents/Guardians who can be contacted in an emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Participant Name: _____

Parent/Guardian: _____

KIDS NIGHT OUT

2017 REGISTRATION FORM

MEDICAL RELEASE & HISTORY:

Health Statement: (to be completed by Parent/Guardian and/or Medical Doctor.)	YES	NO
Respiratory problems—Asthma, persistent cough, etc.	___	___
Heart problems—high/low blood pressure, chest pain, etc.	___	___
Kidney, Stomach, Gall Bladder, or Liver problems	___	___
Diabetes, hypoglycemia	___	___
Recent fractures, illness, exposure to contagious disease, etc.	___	___
Eye, ear, nose or throat problems—skin disease	___	___
Allergies—bee stings, ant bites, plants, sun, food, penicillin, etc.	___	___
Nervous Disorders—Epilepsy, convulsions, dizziness, etc.	___	___
Emotional disorders—Frequent anxiety, excessive fears, etc.	___	___
Any hospitalization in the last two years?	___	___
Do you have physically limiting conditions?	___	___
Do you currently take medication?	___	___
The participant WILL be bringing medication to programs and activities	___	___

Explanations: _____

ALLERGIES: List all known.

Describe reaction and management of reaction.

Medical Allergies:

_____	_____
_____	_____
_____	_____

Food Allergies:

_____	_____
_____	_____
_____	_____

Emergency Medical Treatment: I understand that every effort will be made to contact the parent(s) or guardian(s) of student(s). If this is not possible, I hereby authorize the YMCA of Central Florida to obtain medical treatment.

Parent/Guardian Signature: _____ Daytime Phone: _____

Family Physician/Clinic: _____ Location: _____

Phone: _____ Insurance Company: _____ Policy #: _____

ACCOMODATION CLAUSE:

The YMCA of Central Florida does not discriminate in admission or access to, or treatment or employment in its programs and activities, on the basis of race, color, religion, age, sex, national origin, marital status, disability, genetic information, sexual orientation, gender identity or expression, or any other reason prohibited by law. This holds true for all students who are interested in participating in any YMCA of Central Florida program.

Participant Name: _____

Parent/Guardian: _____

KIDS NIGHT OUT

2017 REGISTRATION FORM

AUTHORIZATION FOR PARTICIPANT RELEASE:

Including yourself and any other legal guardians, please list all persons authorized to remove your child from the YMCA Kids Night Out Program. Include the name and contact number for each person.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

I give authorization to the above individuals to remove my child from the YMCA Camp Program. _____

WAIVER

I hereby state that my child is physically and mentally capable of safe participation in YMCA activities. I understand and expressly acknowledge that participation in Kids Night Out is a privilege, and I release the YMCA of Central Florida, its agents, contract services and employees from all liability for any injury, illness, loss or damage connected in any way to my child's participation in YMCA activities, whether on or off YMCA premises. I also authorize the YMCA of Central Florida to obtain medical treatment for my child in the event of an emergency. The YMCA of Central Florida. The YMCA of Central Florida reserve the right to remove any participant who, according to the Director's discretion, is judged detrimental to the general welfare of camp, program, staff and/or other participants. I give my permission to the YMCA of Central Florida to use my/my child's image or voice for the purposes of promoting or interpreting YMCA of Central Florida Programs. The right is reserved to search any participant's belongings, according to the Directors discretion, when reasonable information is available that illegal substances and/or object (that may cause harm to self or others) may be present. I understand that damage to property caused by my child will be billed directly to the parent/guardian and the child may be asked to leave Kids Night Out. No refunds or prorates will be given.

I understand and agree to abide by all the policies stated above. _____ Initial

I understand that pick-up is no later than 10pm. Pickups that occur after this time will incur a charge of \$5 for every 15 minutes late: _____ Initial

I understand that no credit will be given for children who must be picked-up due to behavioral issues. _____ Initial

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

YMCA of Central Florida Mission Statement

The purpose of this Association is to improve the lives of all in Central Florida by connecting individuals, families, and communities with opportunities based on Christian values that strengthen Spirit, Mind, and Body.