



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PARENTS NIGHT OUT - REGISTRATION FORM

All sections of this registration form must be completely filled out

PARTICIPANT INFORMATION

Child's First Name: _____ Last Name: _____

Birthdate ___/___/___ Age ___ Medical or Allergy Information: _____

Child's First Name: _____ Last Name: _____

Birthdate ___/___/___ Age ___ Medical or Allergy Information: _____

CONTACT INFORMATION

Street Address _____ Apt.# _____

City _____ State _____ Zip Code _____

Email Address _____

PARENT/GUARDIAN INFORMATION

Primary Guardian (Mother) (Father) (Other _____) Authorized to Pick Up: Yes No

First Name _____ Last Name _____

Cell Phone _____ Work Phone _____ Other Phone _____

Emergency Contact or Second Parent: Relation to Child: _____

Name _____ Phone _____

PICK UP PASSWORD (REQUIRED): _____

A PICK UP PASSWORD IS USED TO ENSURE THE SAFETY OF YOUR CHILD. PLEASE ONLY SHARE THIS PASSWORD WITH THOSE INDIVIDUALS AUTHORIZED TO PICK YOUR CHILD UP FROM OUR PROGRAM.

The above named child is physically fit to participate in the Mary Perry Ragsdale Family YMCA program and has my permission to do so. We (I) assume all risk and hazards incidental to the conducting of this program and it's activities, including transportation to and from the activities. We (I) do here by release, absolve, indemnify and hold harmless the Ragsdale YMCA, it's officers, directors, employees, agents, supervisors appointed or approved by them and the owners and lessees of any activity site from any and all liability, claims or demands arising out of the above named child's participation in the Mary Perry Ragsdale Family YMCA program.

Signature of Parent or Guardian: _____ Date: _____