



## PARENT'S NIGHT OUT

### Fergus Falls Area Family YMCA

### Registration information

Please fill out the registration portion of form below and turn it with your payment. Please print and fill out all areas. Make sure to indicate if you want your child to swim or not. Please indicate if your child has any allergies.

Date of Parent's Night Out \_\_\_\_\_

#### Participants:

Name: \_\_\_\_\_ M/F: \_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Swimming Y/N

Name: \_\_\_\_\_ M/F: \_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Swimming Y/N

Name: \_\_\_\_\_ M/F: \_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Swimming Y/N

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Day phone #: \_\_\_\_\_ Evening phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Day phone #: \_\_\_\_\_ Evening phone #: \_\_\_\_\_

Child: \_\_\_\_\_ Allergy: \_\_\_\_\_

Child: \_\_\_\_\_ Allergy: \_\_\_\_\_

Child: \_\_\_\_\_ Allergy: \_\_\_\_\_

#### Payment Information

Number of Children: \_\_\_\_\_ Total due: \$ \_\_\_\_\_

#### Informed consent and waiver of liability

In consideration of the YMCA accepting this registration, I, for myself and/or the minor(s) for whom I am signing, release and forever discharge the Fergus Falls Area Family YMCA and all connected with the YMCA, of and from any and all rights, claims, demands, and actions of any and every nature whatsoever, for any and all loss, damage, injuries sustained by me or my property, or by the minor(s) for whom I am signing on his/per property at any time. I declare that the above minor(s) is/are physically sound and medically approved to participate in the activities of the YMCA. I authorize use of any and all photographs taken of my child(ren) with the YMCA or on YMCA related trips to be used for the publicity of the YMCA, facility and programs.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_