



PARENTS NIGHT OUT SIGN-UP

Section 1 Parents Night Out

Sponsored by

SITE: YMCA Available from: 5 pm to 11 pm

Date:



Section 2 For Members Only

First Name:

Last Name:

Section 3 Authorization

List names of all persons authorized to take my child from the facility and to contact in case of an emergency. (Photo ID will be required at pick up.)

	Name	Relationship	Phone
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 4 Health History

Please list any health concerns that we need to be notified of below.

Other serious/severe illnesses or accidents:

Section 5 Signature

I hereby certify that the above named individual is in good health and capable of participation in the YMCA of Kern County programs, equipment and facilities. I hold the YMCA harmless for any damages or injuries sustained on any activities. In case of a accident, the YMCA of Kern County has my authorization to secure, at my expense, such medical attention as is deemed necessary for the individual named on this form. I also understand that parent and child conduct must reflect YMCA Youth Program Philosophy, and I authorize the YMCA to use photographs, slides and/or videos of the person on this application as may be needed for its community relations program.

FREE with Pre-Registration ONLY (on or before 5:45pm, Thursday). Drop In FEE of \$20 per child, Charged at the time of Drop Off, regardless of hours used.

Parent/Guardian Signature: _____ Date: _____