

# Parents Night Out

## Camp Pioneer Night



Friday April 23rd  
6:30pm to 10:00pm



Family members  
are Free!

Climbing Tower

Non-family  
members are  
\$15.00

**Arts and Crafts & so much more!**

### Parent Night Out and Family Night Registration Form

Parent/'s Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Emergency Contact (Name) \_\_\_\_\_ (Phone) \_\_\_\_\_  
Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Ethnicity (for United Way) \_\_\_\_\_ E-mail \_\_\_\_\_

Are you a member of the YMCA?                      Yes                      No

The above information is correct and complete to the best of my knowledge, and the Hartley Drive Family Branch YMCA participant described has my permission to participate in all program activities except as noted by me and/or the examining physician. I hereby give permission to the medical personnel selected by the Hartley Drive Family Branch director to provide and/or order medical treatment, x-rays and/or routine medical tests and to provide or arrange necessary related transportation for the participant named above. In the event I cannot be reached in an emergency, I hereby give permission to the Hartley Drive Branch YMCA director to secure, and to act as my agent in consenting to, medical and/or surgical treatment, including hospitalization, anesthesia or surgery, and to release to any physician and/or treatment facility or hospital relating to any pertinent insurance coverage, for the participant named above.

I, the undersigned, acknowledge, agree, and represent that I have inspected and carefully considered the facilities and programs. I understand that even when every reasonable precaution is taken, accidents can happen. As a condition to participation by me or my children in YMCA activities, on my behalf and on behalf of my children, I waive and release any claims for loss or injury incurred or suffered which I or my children might make against the YMCA, its sponsors, officers, employees, volunteers, or contractors as a result of participating in YMCA activities or using its facilities. I further agree to indemnify the YMCA against and hold it harmless from loss incurred as a result of claims against it based upon alleged actions or omissions by my children or me. I have read this authorization, waiver, and release, understand it, and am voluntarily signing it.

Date \_\_\_\_\_

Signature \_\_\_\_\_