



Parent's Night Out Registration Form

Registration form and payment must be submitted together no later than the Wednesday before event date. Staff can not accept form without payment or payment without form. A new registration form is required for each child at each event. Payment is non-refundable.

Child's Name _____ Age _____ DOB _____

Mother's Name _____ Cell Phone _____

Father's Name _____ Cell Phone _____

EMERGENCY NAMES: Names and phone numbers of TWO people in the event that we can not reach either parent. (MUST BE OVER 18 YEARS OF AGE AND LIVE LOCALLY)

1. _____ Cell Phone _____

2. _____ Cell Phone _____

Does your child have any identifying marks such as scars, birth marks, etc.?

Any special needs, medical conditions, and/or allergies that we should be aware of?

What are the symptoms and action to be taken if any? _____

Additional information for staff (Nickname, Diaper Bag/Cup Color, Likes/Dislikes, etc...):

Name of Medical Insurance Company _____ Policy # _____

CONDUCT RULES

- 1. No fighting, swearing or abusive behavior.**
- 2. Potentially dangerous actions will not be tolerated.**
- 3. Child Care employees have the right to dismiss anyone who is careless or a danger to others.**

Parent/Guardian Signature

Date

-----Office Use Only-----

Date of Event: _____ Form of Payment: _____ Amount: _____

Staff Name (Please Print): _____ Sign & Date: _____

PARENT STATEMENT OF UNDERSTANDING

- I understand that my child must be picked up before **10:00pm**.
- I understand that if I arrive late to pick up my child, I will be expected to pay a late fee of \$15 beginning at 10:01pm, \$30 beginning at 10:31pm, etc. There will be a fee of \$15 for every fifteen minutes I arrive late.
- I understand that it is my responsibility to supply any and all medical information needed on my child to the Armed Services YMCA for the proper care of my child.
- I understand that the Armed Services YMCA will not administer ANY medication to my child. *If a child needs medication administered, the parent must administer the medication. The parent must make the Armed Services YMCA employees aware of the medication, dosage and reason for the medication. This must be in writing.*
- I understand that the Armed Services YMCA will administer First Aid if needed.
- I understand that I must sign my child in and out with an Armed Services YMCA employee.
- I understand that my child will not be allowed to leave the Armed Services YMCA program with an unauthorized person. *Any person authorized to pick up my child must be listed on page one of this form as either a parent or emergency contact.*
- I understand that at time of pick up, I will be asked to see proper identification. Any person listed as an emergency contact will be asked to show proper identification. (valid driver's license or military ID card)
- I understand that Armed Services YMCA employees can not transport my child unless an extreme emergency. The emergency will be determined by the Child Care Director or Child Care Supervisor on duty.
- I understand that if my child becomes ill, I will be notified immediately and will be expected to pick up my child within 45 minutes of receiving a phone call from an employee of the Armed Services YMCA

I have read and understand the above regarding Armed Services YMCA policies and procedures. I agree and will adhere to the best of my ability to the above statements.

Parent/Guardian Signature

Date

ARMED SERVICES YMCA OF HAMPTON ROADS
PROGRAM PARTICIPANT WAIVER

I am an adult over 18 years of age and wish to participate in, or have my child/children participate in Armed Services YMCA of Hampton Roads program activities. IN CONSIDERATION of being permitted to utilize the facilities, services, and programs of the ASYMCA, including but not limited to observation or use of the facilities or equipment, or participation in any off-site affiliate with ASYMCA, the undersigned, for himself or herself and any personal representatives, heir, and next of kin, hereby acknowledges, agrees and represents that he or she has immediately upon entering or participating inspected and carefully considered such premises and facilities or the affiliated program. In addition, I give my child/children permission to participate in the Armed Services YMCA of Hampton Roads programs. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for allowing my child/children to participate in ASYMCA activities, I understand and expressly acknowledge that I, for myself, or anyone entitled to act on my behalf waive and release the ASYMCA, sponsors, representatives, and successors from all claims or liabilities of any kind arising out of my participation in activities at or sponsored by the YMCA. I further agree to indemnify and save harmless the ASYMCA from any claims or demands arising from such injuries or losses. I understand that this release includes any claims based on negligence, action, or inaction of the Armed Services YMCA of Hampton Roads, its staff, directors, members, and guests. I have read, understand and am voluntarily signing this authorization and release.

I understand that the Armed Services YMCA of Hampton Roads is not responsible for personal property lost, damaged, or stolen while using the ASYMCA facilities on the ASYMCA premises, or involved in ASYMCA programs.

I have read _____ **Initials**

I give my permission to the ASYMCA to use limitation and obligation, photographs, film footage, or tape recordings which may include my image or voice for the purposes of promotion or interpreting ASYMCA programs.

Accept **Decline** _____ **Initials**

Parent/Guardian Signature

Date