

# Piedmont Family YMCA Kidz Night Out Registration Form

Name \_\_\_\_\_ D/O/B \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Circle all that apply:      Session 1      Session 2      Session 3      Session 4

### Parent Consent

*Please initial the following:*

\_\_\_\_\_ I give permission for the named participant to be included in photos and videos for promotional use.

\_\_\_\_\_ In the event that I cannot be reached in any emergency involving the above name participant, I hereby give permission to the appropriate medical personnel, selected by the YMCA staff, to provide medical treatment deemed necessary by such personnel. I agree to be responsible for all charges incurred in the treatment of the participant regardless of whether our insurance covers such charges. When I receive a call from the YMCA staff indicating my child is ill, I agree to have my child picked up immediately.

\_\_\_\_\_ Parent will inform the Piedmont Family YMCA within 24 hours or next business day after their child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening disease, which must be reported immediately.

I have read, understand, and agree to abide by the YMCA policies. I acknowledge this to be a legal and binding contract.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### Emergency Card Information

Mom/Guardian \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_

Dad/Guardian \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_

Other Emergency Contact Persons (also authorized for pick up) - please put in the order that you would like us to call in case of emergency

Name \_\_\_\_\_ Address \_\_\_\_\_

Home # \_\_\_\_\_ Alternate \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Home # \_\_\_\_\_ Alternate \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Home # \_\_\_\_\_ Alternate \_\_\_\_\_

Anyone NOT authorized to pick up \_\_\_\_\_

Child's Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Allergies/Chronic Health Conditions \_\_\_\_\_