



Piedmont Family YMCA Kidz Night Out

Once a month from 6:00 pm – 10:00 pm, the Piedmont Family YMCA is filled with the laughter of children enjoying a “night out”. Kids, ages 3-12 get to hang out with friends and enjoy a variety of fun activities and parents get safe and affordable childcare for the evening.

Kidz Night Out Themes



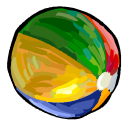
Going on an Egg Hunt - Session 3

Easter Eggs, Bunnies, and Egg Hunt... Saturday, April 17, 2010



Springtime Silliness- Session 4

Arbor Day, Flowers, and Cinco de Mayo- Saturday, May 15, 2010



Beach Ball Bash! – Session 5

Summer, Sand, Water, and more...- Saturday, July 17, 2010

Registration Fees are: \$20 for the first child, \$15 for each additional child.

Piedmont Family YMCA Kidz Night Out Registration Form

Name _____ D/O/B _____ Gender _____

Address _____

Phone _____ Age _____ Grade _____ School _____

Circle all that apply: Session 3 Session 4 Session 5

Parent Consent

Please initial the following:

_____ I give permission for the names 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 Contact 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 _____