



**HAVE
A FUN
NIGHT
OUT**

Ed Isakson/Alpharetta Family YMCA

**PARENTS'
NIGHT OUT**

April 28, 2012

5:30-9:30 pm

**Fit and Fun
Party**



Available for Facility & Program Members

Facility Members:

\$20 first child \$10 each additional child

Program Members:

\$25 first child \$15 each additional child

Age: 3 months to 12 years old

DROP-INS NOT ACCEPTED

Family Programs

2012 Parents' Night Out Registration Form

Child's Name: _____ Age _____ M ___ F ___
Child's Name: _____ Age: _____ M ___ F ___
Child's Name: _____ Age: _____ M ___ F ___
Child's Name: _____ Age: _____ M ___ F ___

Allergies/Medicines _____
Pediatrician's Name _____
Phone Number _____

Parents' Name(s) _____
Phone: Home _____ Cell _____
e-mail _____
Address: _____
City: _____ ZIP: _____

In the event that you cannot be reached, please provide at least two emergency contacts for your child:

Name: _____ Phone Number: _____
Name: _____ Phone Number: _____

Visa/Mc/Disc/Amex # _____ Exp. Date _____
Cardholders Signature _____

April 28- 73547

Partner w/ Youth Campaign - Would you like to donate to our Partner w/ Youth Campaign? \$ _____ Donation is tax deductible and will be recognized

I know that engaging in physical exercise is a potentially hazardous activity. I assume all such risks being known and appreciated by me. Having read this waiver and knowing these facts and in consideration of your accepting my application for program participation, I hereby certify that I am medically able to participate in activities which shall be selected by me. I assume the sole responsibility for my medical condition at all times. I, for myself and anyone entitled to act on my behalf, waive and release the Ed Isakson/Alpharetta Family YMCA, sponsors, their representatives and successors, from all claims and liabilities of any kind arising from and out of my activities at or sponsored by the YMCA. I understand that photographs are periodically taken of the facility and those involved in activities, and that any likeness of me and/or family members may be used in public relations materials unless I request otherwise in writing to the Executive director. I fully acknowledge that to use the machines and equipment without instruction may result in physical harm to myself. Furthermore, by signing below, I certify knowledge that absences from programs will not be made up-unless said absence is due to the closing of the area in question.

Parent's Signature _____ Date _____
Date _____ Receipt # _____ Staff Initials _____