

# YMCA Parent's Night Out REGISTRATION FORM

**Please Circle Which Month You Are Signing Up For:**

(You may sign up for multiple months at a time)

**January      February      March      April**  
**May          June          July      August      September**  
**October      November      December**

Parent's Name \_\_\_\_\_

Child (ren's) Name \_\_\_\_\_ Age \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

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

Cell # \_\_\_\_\_

Emergency Contact and Phone \_\_\_\_\_

Any allergies (including asthma) \_\_\_\_\_

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 G CECIL PRUETT COMMUNITY CENTER 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 my 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 me. 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.

**\*\*I understand that payment will be forfeited if program is canceled less 48 hours prior to session start date.**

Participant's/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

OFFICE USE ONLY			
SPIRIT HID#	BOOK	REGISTRATION DATE	Spirit RECEIPT #