

Fall Family Programs

2009 Parents' Night Out Registration Form

Child's Name: _____ Age _____ M__F__

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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 _____

November 14th Parents' Night Out -14360

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 my 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 _____