

# Parent's Night Out Registration Form

Parents' Night Out Date \_\_\_\_\_

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

Age: \_\_\_\_\_

\_\_\_\_\_

Age: \_\_\_\_\_

\_\_\_\_\_

Age: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_

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

Email (either parent): \_\_\_\_\_

## Emergency Contacts (Other than Parents):

1. \_\_\_\_\_ Cell # \_\_\_\_\_

2. \_\_\_\_\_ Cell # \_\_\_\_\_

List all allergies/Special needs: \_\_\_\_\_

## Photographic and Video Release

I hereby give Channel Islands YMCA, including its volunteers, employees and any other persons and entities acting with its permission, or upon its authority, the absolute right and permission to take, copyright, use, and publish any photographs or video of or concerning my child for the purpose of any YMCA advertising, education, promotion, or other purpose consistent with the YMCA mission.

I agree that any such photograph or video is the exclusive property of the Channel Islands YMCA, and I hereby waive all rights thereto. I further waive any and all rights to inspect and/or approve any printed or electronic material that may be used in conjunction with the photographs or video, or to approve the use to which the photographs or video may be applied.

## Insurance Disclaimer

Channel Islands YMCA does not carry health or accident insurance on its members or participants. All expenses incurred in the treatment of illness, injuries or accidents will be the responsibility of the participant and his/her parents.

**I have read, understand and accept the above conditions. I also understand that I must sign the Channel Islands YMCA Liability Waiver along with this form in order for my child(ren) to use the facility.**

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Sign Name)

\_\_\_\_\_  
(Date)