

PARENT NIGHT OUT

The YMCA invites your kids to an evening of fun while you enjoy a ‘Grown up Evening’!

Who: Children ages 4-12 (*grouped by age*)

When: Saturday, July 19

Time: 6PM to 10PM

Where: ****NEW SUMMER LOCATION****

Desert Hills Middle School

6011 West 10th Place, Kennewick

Cost: \$10 per child

Pre-registration Appreciated 374.1908

- CPR/First Aid Certified YMCA Staff
- Games, Crafts and Activities
- Snack will be provided



Space is Limited, Reserve Today
509.374.1908
1234 Columbia Park Trail
Richland



Parent Night Out

YMCA of the Greater Tri-Cities
1234 Columbia Park Trail - Richland, WA 99352
Office (509) 374-1908 - Fax (509) 374-9278

1st Child's Name _____ Boy/Girl _____ Date of Birth _____ Age _____

Special Information (medications/allergies) _____

2nd Child's Name _____ Boy/Girl _____ Date of Birth _____ Age _____

Special Information (medications/allergies) _____

3rd Child's Name _____ Boy/Girl _____ Date of Birth _____ Age _____

Special Information (medications/allergies) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Parent/Guardian 1 _____ Cell/Contact Phone # _____

Parent/Guardian 2 _____ Cell/Contact Phone # _____

Emergency Contact (*other than parent/guardian*)

Name _____ Home Phone # _____ Cell Phone # _____

In addition to guardian(s) listed above, _____ may pick my child(ren) up.

(Identification required at pick up)

Participation and Release of Liability

Participation/Liability Release: I am the parent or guardian of the participant. I give my permission for my child to participate in YMCA program activities and to be transported as authorized by the YMCA. I understand that even when every reasonable precaution is taken, an accident can and will sometimes happen. Therefore, in exchange for the YMCA allowing me and/or my child to participate in YMCA activities, I understand and expressly acknowledge that I release, indemnify, and hold harmless the YMCA and its staff, boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to me or my child's participation in YMCA activities on or off YMCA premises. I understand that this release includes any claims based on negligence, action, or inaction of the YMCA, its staff, boards, volunteers, directors, members or guests.

Insurance: It is the responsibility of every individual, their parent/legal guardian, to provide for their own accident and health coverage while participating in YMCA activities. The YMCA of the Greater Tri-Cities does not provide any accident or health coverage for its participants.

Medical Treatment: I hereby authorize the YMCA to transport my child and consent to any medical and/or surgical treatment of the above named participant that such staff or medical personnel deem advisable or necessary. I give permission for staff members to administer CPR and/or First Aid if deemed appropriate or necessary. I hereby authorize the YMCA to apply sunscreen/lotion (to be provided by the parent/legal guardian) to my child for protection against the sun's harmful rays as deemed appropriate by the YMCA staff. If a parent/guardian cannot reasonably be located when my child requires medical attention; I *prefer my child to be taken to:

Doctor: _____ Phone: _____, or Kennewick General Hospital Lourdes Medical Center Kadlec Medical Center
(*the hospital utilized will be based on location at the time of emergency)

Photograph Permission: I give the YMCA permission to use, without limitation, compensation or obligation, photographs, film footage or tape recordings that may include my child's image or voice for purposes of promoting or interpreting YMCA programs.

I have read and fully comprehend this form and I am voluntarily signing this authorization and liability release form.

Parent/Guardian 1 Signature _____ Date _____
(*Must be legal parent or legal guardian*)

Parent/Guardian 2 Signature _____ Date _____
(*Must be legal parent or legal guardian*)