



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PARENTS' NIGHT OUT

Parent's Night Out treats your kids to night of fun activities in a safe and fun environment while you enjoy the night without having to hire a babysitter.

Kids will enjoy swim time, arts and crafts, games, and more.

Kids will be provided dinner. Pick-up will be in the pool area.

Register at the front desk **beginning Feb. 21st.**

Fee (per child): \$15 Y members; \$25 non-members

Ages: 5-11 years old

Dates: March 8th

Time: 5:30-8:30pm

**** Registration deadline is March 5th**

CROZET YMCA

1075 Claudius Crozet Park | Crozet, VA 22932

P 434 205 4380 **W** piedmontymca.org

E abreron@piedmontymca.org



YMCA PARENT'S NIGHT OUT REGISTRATION FORM

Please print legibly. Form must be fully-completed, with payment must be made once scheduled.

Member Number (back of key tag) _____ Primary Member Name _____

Non-Member Parent/Guardian _____ Birth Date _____

Street Address _____

City _____

State _____ Zip _____

Home Phone _____ Work Phone _____

Email Address _____ Mobile Phone _____

Emergency Contact _____ Phone _____

Participant Name	Birth Date	M/F		Gender	School

REGISTRATION OPTIONS:

1. **Mail** your completed registration form, including payment, to the YMCA: 1075 Claudius Crozet Park, Crozet, VA 22932.
2. **Fax** completed registration form, with payment, to (434) 205-4385.

Payment (check one) E-MEMBER* CASH CHECK CHARGE (VISA, MASTERCARD, DISCOVER)
*Current credit card drafting member or credit card information on file. Only signature required below.

Card # _____ Expiration Date _____

Cardholder's Name _____

Cardholder's Signature _____ Date _____

Waiver

I hereby certify that my child is in good health and capable of safe participation in this YMCA program. I understand that the PARC/YMCA assumes no responsibility for any possible injuries or illness sustained as a result of my child's participation in any athletic program, sport or activity and that I assume all risks thereof. I hereby authorize the YMCA/PARC to obtain medical treatment for my child in the event that the above parent contact(s) cannot be reached. I hereby release and discharge the YMCA/YMCA, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in these activities. I understand that the PARC/YMCA is not responsible for personal property lost or stolen while members and/or program participants are using the PARC/YMCA facilities and/or are on YMCA/PARC premises. I give the YMCA/PARC permission to print, publish and display pictures of my child, without limitation, in order to promote YMCA/PARC programs. By signing below, I agree to all of the terms and conditions as set forth in this Waiver,

Signature of Parent/ Guardian _____ Date _____