



Parents Night Out Registration

Facility Access Number: _____

Mother's Name: _____

Mother's Cell: _____

Father's Name: _____

Father's Cell: _____

Child Information: Additional Children can be listed on the reverse side

Child 1 Name: _____ Gender: M F Age: _____

Allergies/Additional Info: _____

Child 2 Name: _____ Gender: M F Age: _____

Allergies/Additional Info: _____

Child 3 Name: _____ Gender: M F Age: _____

Allergies/Additional Info: _____

Child 4 Name: _____ Gender: M F Age: _____

Allergies/Additional Info: _____

Initial	Water Activities: I give permission for my child to participate in water activities during program hours at a predetermined time.
Initial	Movies: I give permission for my child to view a G-rated movie.
Initial	Policies and Procedures: I have received and have read a copy of the YMCA Childwatch Parent Handbook and understand all policies and procedures therein.
Initial	Hours of Care: I understand that I will be charged an additional \$1.00 every minute, per child, I am late after close of site.
Initial	Cancellation: I understand that cancellations must be made within 24 hours prior to the event. Failure to cancel within the time frame will result in forfeiting eligibility to register for the next PNO.

I have read the Admission Agreement and fully agree to its terms. I have also read and accept the policies and procedures listed in the parent handbook and stated within this agreement. By my signature, and of my free will, I do hereby agree to indemnify and save harmless the YMCA of Metropolitan Dallas from any and all claims or demands, cost or expense arising out of any injuries, damages or other losses, whether personal or property, sustained by me or any party to who I am responsible.

Custodial Parent/Guardian Printed Name

Signature

STAFF USE ONLY	Date Collected:	TIME:	Staff Initials:
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