

LAKOTA FAMILY YMCA Kids Night Out



Name of Child: _____

Swimmer: _____ **Non-Swimmer:** _____

Parent/Guardian Name(s): _____

Primary Phone: _____

Alt. Phone: _____

Please **initial** or **answer** all lines to indicate received written policies/materials and agree to terms with **signature** below.

___ I hereby grant permission for my child to use all the play equipment and participate in all of the activities during the Kids Night Out program.

___ I hereby grant permission for my child to be included in promotional materials and pictures connected with the Kids Night Out program.

___ I hereby grant permission for the staff or building supervisor to take whatever steps may be necessary to obtain emergency medical care if warranted.

___ I understand that expenses incurred in obtaining medical treatment are my responsibility.

___ I understand the Lakota Family YMCA is not responsible for anything that may happen as a result of false information given at the parent or guardian at the time of enrollment.

___ I understand that the Lakota Family YMCA will not assume responsibility for a child who has not been signed in when he/she arrives for the program.

___ I hereby grant permission for my child to swim or otherwise participate in water activities in the indoor and outdoor/bubble pool at the Lakota Family YMCA.

Parent/Guardian Signature:

_____ Date: _____