

# LAKOTA FAMILY YMCA

## KIDS NIGHT OUT

WAIVER AND PERMISSION



### Please initial/answer all items below to utilize our Kids Night Out Program

I hereby grant permission for my child to use all the play equipment and participate in all 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 by 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.

Does your child have any food, medication or environmental allergies.

If YES, please list the child/ren and explain:

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Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

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Parent/Guardians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact will only be used if we are unable to get ahold of you after multiple tries.

Parent/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Waiver must be filled out each year after June 1st.