

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.

Please list child/den and explain.

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Your Name: _____ Phone: _____

Emergency Contact Name & Phone Number:

(Emergency contacts will only be used if we cannot get ahold of you)

Parent/Guardian Signature: _____ Date: _____