



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# PARENTS' NIGHT OUT



Sept 7	<input type="checkbox"/>
Oct 12*	<input type="checkbox"/>
Nov 2	<input type="checkbox"/>
Dec 7	<input type="checkbox"/>

\*Second Saturday this month only

**Ages: 8 weeks –12 years**  
**6:00–8:30 PM**  
**KERASOTES CHILD WATCH**

**\$10 Members   \$16 Members (Food provided)   \$20 Public   \$26 Public (Food provided)**

Our youngest members are an active bunch. Parents need a break. We get it at the Y, so we offer Parents' Night Out. Your kids will play, dance, and enjoy story time, and they can do it all in their pajamas. Kids ages 6-12 will swim from 7-8 p.m. so bring a suit and towel! If registered for food, we will provide water bottles, pizza and snacks. Children are welcome to bring their own dinner too!

### Registration Form (one form per person)

We are only able to take 32 children so register today!

Name \_\_\_\_\_ M F Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ e-mail \_\_\_\_\_

Authorized to pick up: \_\_\_\_\_

I would like to make a gift to help a child participate in Y programs. I am adding \$\_\_\_\_\_ to my Parents' Night Out registration for the YMCA Strong Kids Scholarship Fund. All gifts are tax deductible.

I hereby register my child for the YMCA Parents' Night Out. I have reported all pertinent health information. I allow the YMCA to seek emergency care for my child if required. I also grant the YMCA permission to use photographs of my child in promotional material such as brochures, ads, websites, or newspaper releases. I will not be informed or reimbursed for such photographs.

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

For Office Use Only: SAP19 Branch 2 Date _____ Amount _____ Staff _____
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