

KIDS NIGHT OUT

Need an evening out without the kids?

We can give you the opportunity to take a well deserved break. Go out for a night on the town feel confident that your child is safe and having a night out of their own! This incredible evening for your child is filled with a variety of games, crafts, activities, and more. Best of all- pizza dinner is on the house!



UPCOMING 2020 DATES:

JANUARY	FEBRUARY	MARCH	APRIL
January 11th: Swim Night & New Year Dance Party	February 8th: Swim Night & Valentines Fun	March 7th : Swim Night	April 11th: Swim Night & Easter Crafts
January 25th : Outdoor Adventures	February 22rd:	March 28rd: Dance Party	April 25th:

KIDS NIGHT OUT INCLUDES:

Professional staff delivering themed crafts, games, pizza, movie time, and much more!

KIDS NIGHT OUT

HOURS: 5:00PM- 10:00PM

*Add an hour for:

\$5/child(member)

\$8/child(non member)

AGES: 6 Weeks- 13 years old

Members :\$17/child

Nonmembers: \$27/child

*Pizza Included



CHASCO Family YMCA
1812 N Mays St
Round Rock , TX 78664
512-246-9622
ymcagwc.org

KIDS NIGHT OUT REGISTRATION FORM

NAME OF CHILD: _____ GENDER: _____ AGE: _____

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PARENT/GUARDIAN NAME(S): _____

HOME PHONE: _____ CELL/WORK PHONE: _____

January 11th

January 25th

EXTRA HOUR
10PM-11PM

YES

NO

Please **INITIAL** or **ANSWER** all lines to indicate received written policies / materials and agree to terms with **SIGNATURE** below.

_____ **ADA Policy (REQUIRED):** Parents have the obligation to disclose significant, medical, physical or behavioral issues at the time of the child's enrollment and on an ongoing basis. Due to the large group format of our program, we are unable to provide one-on-one care for any child exception an intermittent basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children.

_____ **Waiver for Medical Treatment (REQUIRED):** In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize Y staff to make arrangements to transport my child to the nearest hospital emergency facility. I also give my consent for any and all necessary medial treatment, if , in fact my child requires the attention of a physician.

_____ **Waiver for Participation (REQUIRED):** I understand that Y activities have inherent risks and hereby assume all risks and hazards to my child in the participation of these activities. I further waive, release, absolve, and agree to hold harmless the Y, the organizers, volunteers, supervisors, officers, directors, participants from any claims or injury sustained during my child's use of the facilities or participation in the Y program.

_____ **Waiver for Photo / Video / Audio Release (OPTIONAL):** I give my consent for any photos, video and/or audio taken of my child involved in Y programs to be used for Y promotions, trainings and/or displays.

_____ **Change / Cancellation / Refund Policy (REQUIRED):** I understand that changes / cancellations / refunds are not permitted under unless a physicians note is submitted stating the inability to complete the class. A program cancellation form must be completed at the Member Services Desk and are allowed at the discretion of the program director.

_____ **Additional Notes (REQUIRED):** Financial assistance is available for all those who qualify. For any questions, please contact the Hutto Family YMCA at (512) 846-2360

X Parent /Guardian Signature _____ Date _____

Y STAFF ONLY

2020 Amt. Paid: _____

Date _____

Staff Initials _____

Chasco FamilyYMCA

1812 N Mays Street Round Rock, TX 78634

Phone 512-615-5511 ymcagwc.org

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