

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 2019 DATES:

SEPTEMBER	OCTOBER	November	DECEMBER
September 7th : Swim Night & Sports Night	October 5th : Swim Night & Columbus Night	November 2nd : Swim Night & Dirt Night (Eat Pudding)	December 7th : Swim Night & Bounce for Joy (Bounce House)
September 21st: Talent Show	October 19th: Halloween Night (Haunted House)	November 16th: Thanksgiving Crafts and Fun	December 14th: Swim Night & Santas Coming to Town (Pictures with Santa)
			December 21st: Christmas Crafts

KIDS NIGHT OUT INCLUDES:

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

KIDS NIGHT OUT

HOURS: 5:00PM- 10:00PM

AGES: 6 Weeks- 13 years old

CHECK WITH BRANCH FOR PRICING!

***Add an hour for \$5.00**



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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NAME OF CHILD: _____ GENDER: _____ AGE: _____

PARENT/GUARDIAN NAME(S): _____

HOME PHONE: _____ CELL/WORK PHONE: _____

September 7th

September 21st

EXTRA HOUR: 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

Parent /Guardian Signature _____ Date _____

Y STAFF ONLY

2019 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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