

Pre-School children
ages 3 & 4 **MUST**
Be potty trained.
No Exceptions

PARENTS NIGHT OUT EVENT FRIDAY NIGHT

Date: _____ 6 – 10 P.M.

REGISTRATION FORM

REGISTRATION BEGINS AT 5:30 P.M.

(No child will be admitted before 5:30 pm)

FEE: \$12.00 YMCA Members \$15.00 for Non-Members

**Pre-Register
& avoid the lines**

#1 Childs Name _____ Age _____ Birthdate: ___/___/___ Fee \$ _____

School Grade: K 1 2 3 4 5 6 School Name: _____

#2 Childs Name _____ Age _____ Birthdate: ___/___/___ Fee \$ _____

School Grade: K 1 2 3 4 5 6 School Name: _____

#3 Childs Name _____ Age _____ Birthdate: ___/___/___ Fee \$ _____

School Grade: K 1 2 3 4 5 6 School Name: _____

#4 Childs Name _____ Age _____ Birthdate: ___/___/___ Fee \$ _____

School Grade: K 1 2 3 4 5 6 School Name: _____

Parents Name _____ Total Fee \$ _____

Home Address: _____
Street City State Zip

Hm. Phone (____) _____ Cell Phone (____) _____

Phone number to reach parent during this event (____) _____

Y Member? ____ Yes ____ No
(If Yes) Membership Number _____

Release/Waiver:

This child has my permission to attend the Parent's Night Out at the Ashland Area YMCA. I release the Ashland Area YMCA and its employees from all liability for any injury that may occur while on the premises or on field trips off site.

Parents Signature: _____

(Please don't allow children to bring valuables with them, we are not responsible for items lost or stolen.)