



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Dive Into Parents Night Out !

Date: Saturday, November 19th

Time: 6:30pm-9:30pm

Ages: 3 years old – 11 years old

**children must be potty-trained*

Special Needs: 5-25 years old

**Must have a completed Intake*

Cost: \$20 Members

\$40 Non-members

What to bring: Snacks, A Bathing Suit & Towel! *3-4 year olds WILL NOT SWIM

Contact: Kathy Muzaurieta

561-237-0933

Kmuzaurieta@ymcaspbc.org



Peter Blum Family YMCA

6631 Palmetto Circle South, Boca Raton, FL 33433

www.ymcaspbc.org

Peter Blum Family YMCA Parent's Night Out Registration Form

Traditional (Choose Age): 3-4 ___ 5-11 ___

Special Needs: _____

Childs Information:

Child's Last Name *First Name* *M.I* *Date of Birth* *Age*

Street Address *City* *State* *Zip Code*

Parent/Guardian Name 1 *Parent/Guardian Name 2*

Primary Number *Secondary Number* *E-Mail Address (recommended for program updates)*

<p>Emergency Medical Treatment: I understand that every effort will be made to contact the Parent/Guardians of participants. If this is not possible, I hereby authorize the YMCA of South Florida to obtain medical treatment.</p> <p>Parent/Guardian Signature: _____ Day Time Phone: _____</p> <p>Family Physician/Clinic: _____ Phone: _____</p> <p>Insurance Company: _____ ID# _____ Group# _____</p> <p>Preferred Hospital: _____</p>

Authorization to Remove Child:

Father: Yes ___ No ___ Mother: Yes ___ No ___

(If "NO", please provide documentation stating such.)

Emergency Contacts and Pick Up: (Parent/Guardian and any other person to whom your child may be released and/or may be contacted in case of an emergency)

1.Name: _____ Phone #: _____ Relationship: _____

2.Name: _____ Phone #: _____ Relationship: _____

ACTIVITY & ALLERGY RESTRICTIONS (I.E. WHAT ADAPTATIONS OR LIMITATIONS ARE NECESSARY.):

BEHAVIOR, PHYSICAL, EMOTIONAL & MENTAL HEALTH

Please provide us with information about your child's behavior, physical, emotional, and mental health about which the camp staff should be aware. Your feedback helps us to fulfill our goal in creating an environment that provides optimal support for each and every camper.

Agreement & Release of Liability Statement

I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for the YMCA allowing my child to participate in YMCA activities, I understand, and expressly acknowledge, that when my child attends the YMCA premises, he/she does so at his/her own risk. I release the YMCA and its staff members, its directors, officers and agents from all liability for any injury, loss or damage connected in any way whatsoever to participation in YMCA activities, whether on or off the YMCA premises. I understand that this release includes, but is not limited to, any claims based on negligence, action or inaction of the YMCA, its staff, directors, offices, members, agents, representatives and guests. I have read this form and grant permission for my child, _____ to participate in all activities provided by the YMCA of Boca Raton. I authorize the staff of the YMCA of Boca Raton, or appropriate medical personnel, to administer emergency medical treatment to my child. I also understand that I am solely responsible for all costs incurred for such treatment. I will permit my child to attend field trips and swimming lessons within the YMCA programs. I have read and am voluntarily signing this authorization and release. I also give my permission for photographs of my child to be used in YMCA brochures, flyers, videos and to be released to the news media. _____

Parent/Guardian Signature