



# Military Parents Night Out Registration

Name of Child: \_\_\_\_\_

Gender: Male / Female

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

(Street)

(apt #)

(City)

(zip)

Parent/Guardian: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Military Unit: \_\_\_\_\_

**Authorized Person for Pick-Up and Emergency Contacts:** (Minimum of 3 contacts)

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please answer the following question.? (If you circle YES, use form on reverse side to explain.)**

Is your child physically and mentally able to participate in this program?	Yes	No
Does your child require special attention, medicine, or other routine?	Yes	No
Does your child have any physical conditions of which we should be aware?	Yes	No
Has the child had any illness of which we should take notice?	Yes	No
Is the child allergic to bee stings? If yes, is treatment required?	Yes	No
Is your child allergic to any medications? If yes, which medications?	Yes	No

**Please initial and sign the following:**

**In an emergency, I authorize the physician selected by program staff to take necessary action of treatment in the best interest of my child. (mandatory for participation)** \_\_\_\_\_ (Initial)

**Media Release:** I give consent for my child to be photographed or videotaped in program activities that may be used in news releases or promotional brochures. I understand I will not be reimbursed for such photographs or videotapes. The YMCA will also make every attempt to notify me of any such use of the likeness of my child. \_\_\_\_\_ (Initial)

**Waiver (mandatory for participation):** Participant specifically assumes all risks of injury arising out of his/her presence on the premises of the Watertown Family YMCA use of the equipment or facilities and participation in activities, whether on its premises or at another location, and for son/daughter, legal guardian and his/her heirs and assigns hereby waive, release and to hold free from all claims for damages the Watertown Family YMCA and its officers, directors, members, employees or agents. I understand the risks and dangers involved in my son/daughter participating in the programs and activities of the YMCA, and agree that he/she will not participate in any activity that may injure themselves or others.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Special Needs Information Form

**Our Military Parent Night Out is for 6 weeks to 11 years old. We are on the move through out the duration of the evening from the gym, to pool, to group activities.**

**Please take the time when you are signing in to alert our supervisor and staff about any special health needs your child may require during the evening. We want to ensure that your child's safety and medical needs are met.**

**If your child requires medication and has the dosage before arriving at our program, are there any side effects we need to be made aware of? YES / NO (If YES please explain)**

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**If you circled Yes to: Does your child require special attention, medicine or a routine?**

**Please describe the special health care needs of this child and the plan of care as identified by the parent and the child's health care provider.**

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**Other concerns or information our supervisor and staff should be aware of:**

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