



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

# **DROP THE KIDS OFF AT THE Y & Enjoy a Parents Night Out!**

## **February 16, 2018**

**You deserve a Date Night! Drop your child off at the YMCA for a few hours and enjoy some long deserved time alone. Our staff will ensure that your child has a great time. The evening will consist of games, arts & crafts, Aqua Obstacle Cours, reading, socializing, swimming, movies, and fun filled adventures! Be sure to send children with a swimsuit, towel, and snacks. Popcorn will be provided during movie time. Don't you worry, they WILL COME HOME TIRED!**

- **Y Members:** \$20.00 per child
- **Non-Members:** \$40.00 per child
- **Late registration:** \$10 Additional per child

**Ages: 5-12**

**Drop Off: 6:00pm**

**Pick Up: 9:00pm**

**Registration Deadline: Feb. 15**

Please send children with snacks.

Participant **must arrive** by 6:30pm

### **Payment is due at the time of registration.**

**Child's Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Age** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Home Phone** \_\_\_\_\_  
**Parents Name (Available During Event)** \_\_\_\_\_  
**Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_  
**Allergies** \_\_\_\_\_ **Special Needs** \_\_\_\_\_

### **Authorization to Participate:**

Yes  No I would like my child to swim in shallow water only.

Yes  No I acknowledge that I am to send my child with a snack.

(You acknowledge that your child will be swim tested by Y staff. This means your child can successfully jump feet first into water and can swim the length of the pool and tread water for one min.)

---

#### Waiver of Liability and Promotion for Parents Night Out

The Marion Family YMCA (herein after referred as the "Y") is not obligated to furnish any insurance under activities or programs, although it may do so without any obligation as to the adequacy of any insurance it might furnish. I, the parent or guardian of the applicant, agree that the Y and all individuals participating in any Y activity or program in any capacity, will not be liable for any causes of actions, claims, and/or injuries arising out of the participation of the applicant in the activity or program, and hereby release all said individuals from such claims and liability. The undersigned acknowledges that in all programs, and activities, there are certain risks of physical injuries and all participants participate at their own risk. I, as legal guardian or parent of the applicant, hereby consent to the participation of any Y activity and/or program under the above mentioned conditions. We (I) give consent for this participant to be photographed, videotaped, and/or filmed while participating in any Y activity and/or program and for the resulting photos, etc., to be used by the Y for educational or promotional purposes. I have read and understand the above.

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

Date \_\_\_\_\_

**MARION FAMILY YMCA**  
**WOPAT YMCA CENTER**  
645 Barks Road East, Marion, OH 43302  
P 740 725 9622 F 740 389 1287  
**WWW.MARIONYMCA.ORG**