



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

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

DROP THE KIDS OFF AT THE Y & Enjoy A Parents Night Out

You deserve a DATE NIGHT! Drop your child off at the YMCA and enjoy some well deserved time together. Our staff will ensure that your child has a great time. The evening will consist of games, arts & crafts, reading, socializing, swimming, movies, and fun filled adventures! Be sure to send children with a swimsuit, towel, and snacks. PIZZA will be provided. Your kids WILL COME HOME TIRED!

Ages: 3- 12 (must be potty trained)

Drop Off: 5:00pm

Pick Up: 9:00pm

Registration Deadline:

Noon the Thursday prior to the event

- **Y Members:** \$10.00 per child
OR
\$25.00 per family
- **Non-Members:** \$15.00 per child
OR
\$35.00 per family

2020 Event Dates: February 7 / March 20 / April 17 / May 15 / June 12 / July 10 / August 21
September 18 / October 30 / November 13 / December 11

Child's Name _____ **DOB** _____ **Age** _____

Address _____ **Home Phone** _____

Emergency Contact _____ **Phone** _____

Allergies _____ **Special Needs** _____

Authorization to Participate:

Yes No I will allow my child to swim in the deep end of the pool.

(When you authorize your child to swim in the deep end 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 _____