



**Parents Night Out Registration Form**  
**Tri-County YMCA**  
200 Carl's Lane  
Scott Depot, WV, 25560  
304-757-0016

Child's Full Name: \_\_\_\_\_

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade in School: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Information:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

Emergency Contacts (other than parents/guardians):

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Names of Persons Authorized to pick up your Child:

\_\_\_\_\_

List Anyone Specifically NOT AUTHORIZED to pick up your Child:

\_\_\_\_\_

Does your child have any physical conditions or allergies that we should know about?

\_\_\_\_\_

Amount Paid: \_\_\_\_\_ Payment Form: \_\_\_\_\_

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

# TRI- COUNTY YMCA Waiver of Liability

## MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN OF MINORS

I, for myself, my executor, my administrator, my heirs and assigns, do hereby release and discharge the Tri-County YMCA and the facility used for this program, including officers, directors, agents, employees, or anyone who supervises the events from any and all claims for personal injury, damages, demands or actions, whatsoever in any manner arising or growing out of participation in activities of the Tri-County YMCA.

Name of Participant \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

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

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

Participants' Address \_\_\_\_\_

\_\_\_\_\_

**Participant Phone #** \_\_\_\_\_

**Parent/Legal Guardian Signature** \_\_\_\_\_

This document not valid without signature of parent/legal guardian

**Date** \_\_\_\_\_

I HAVE READ THIS RELEASE:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participants Name

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Telephone Number