

GROVE CITY YMCA PARENT'S NIGHT OUT

Sat, February 20th 2010

Would you like to have some free time on a Saturday night?
Bring your kids to our Parent's Night Out program! While you enjoy a fun-filled evening your kids will enjoy a night of games, swimming, movies, friends, and food.

(MUST register by Thursday @ 10 pm before event; minimum of 15 needed due to staff ratios and planning:

ABSOLUTELY NO REGISTRATIONS WILL BE TAKEN AFTER THURSDAY 2/18)

Maximum of 50 children. If we reach 50 registrations before 2/18, it will be closed out to no longer accept any more registrations.

TIME:

4:00pm – 9:00pm

Must pick your child by 9pm or will be charged \$1 every minute that you are late to pick up your child. No exceptions!

AGES:

3-12 (all kids must be potty trained)

MUST BE 6 YEARS OLD TO SWIM

PRICE (register at Member Services Desk):

1st child: \$15/metro & \$20/program

Siblings: \$12/metro & \$18/program

Schedule:

4:00-4:30 Sign-in/Open gym

4:30-5:30 Gym Games

5:30-6:30 Swimming (organized games for non-swimmers)

6:30-7:30 Pizza/juice

7:30-9:00 Movie/Games/Crafts/Sign-out

**Questions? Please see Jaymi Cox. (jcox@ymcacolumbus.org)
Grove City YMCA. 3600 Discovery Drive. 871-9622 ext. 218**



Grove City YMCA Parent's Night Out Registration Form

*Please fill out 1 form for each child attending program
Additional forms available at Member Services Desk*

**** All registration forms due by Thur @ 10pm prior to event ****

Metro Members Price: 1st child - \$15 siblings - \$12
Program Members Price: 1st child - \$20 siblings - \$18

****Must pick your child by 9pm or will be charged \$1 every minute that you are late to pick up your child. No exceptions!**

Family Information

Child's Last Name _____ Child's First Name _____ Age _____

Address _____

City _____ State _____ Zip _____ Home Ph _____

1 Parent Name _____ Phone _____

#2 Parent Name _____ Phone _____

Email Address _____

Allergies, Medical or Behavioral Information We Should Know: _____

Swimming Permission:

I give my child permission to swim as part of the program: yes no **(MUST BE 6 TO SWIM)**

My child is a: ___ Non-swimmer ___ Has taken formal lessons ___ Can swim width of pool

Persons other than parents authorized to take child from the facility or call in emergency:

Name _____ Phone _____

Name _____ Phone _____

ALL ADULTS MUST SHOW PHOTO I.D. WHEN SIGNING CHILDREN OUT OF PROGRAM

Parent Agreement

I certify my child is in good health, potty trained and able to relate with other children and staff. My child may participate in the activities sponsored by the Grove City YMCA. I understand that fees are due in advance of program participation to reserve space for my child and fees are non-refundable.

In the event that I can't be reached in emergency, I give permission to the physician selected by the adult leader in charge to hospitalize or secure necessary treatment for my child.

I do hereby stipulate and agree to indemnify and hold forever harmless the YMCA of Central Ohio against any and all claims arising from my or my child's participation in the YMCA programs or activities.

Signature _____ Date _____

For Staff Use Only

Amount Paid/Date: _____

Method of Payment: _____ Staff Initials _____