



## Kids Night Out Registration Form

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

1<sup>st</sup> Child's Information:

First Name: \_\_\_\_\_ Last: \_\_\_\_\_

2<sup>nd</sup> Child's Information:

First Name: \_\_\_\_\_ Last: \_\_\_\_\_

3<sup>rd</sup> Child's Information:

First Name: \_\_\_\_\_ Last: \_\_\_\_\_

*Does your child have any allergies, special needs, or other conditions that we should know about?*

1<sup>st</sup> Child's Name: \_\_\_\_\_ Conditions/Needs: \_\_\_\_\_ Allergies/Medications: \_\_\_\_\_

2<sup>nd</sup> Child's Name: \_\_\_\_\_ Conditions/Needs: \_\_\_\_\_ Allergies/Medications: \_\_\_\_\_

3<sup>rd</sup> Child's Name: \_\_\_\_\_ Conditions/Needs: \_\_\_\_\_ Allergies/Medications: \_\_\_\_\_

**Parent/Guardian(s) Information:**

Parent/Guardian #1: \_\_\_\_\_ Relationship to child : \_\_\_\_\_

# You can be reached at during event: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to child : \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/ Phone: \_\_\_\_\_

*I have legal authority to sign up the children on this form and all the information is complete, accurate and up to date.*

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

THE UNDERSIGNED ACKNOWLEDGES SIGNING THIS WAIVER & RELEASE FROM LIABILITY BEFORE COMMENCING RECREATIONAL ACTIVITIES.

IN CONSIDERATION of being permitted to enter and use the facilities of the The Edgar May Health & Recreation Center and/or its grounds and any of the related amenities defined as including but not limited to, the gymnasiums, the weight room, the pools, and any of the play areas and all walkways, concessions and other areas appurtenant to the same, or being permitted to compete, officiate, observe work for or for any purpose participate in any way in any events within these areas, EACH OF THE UNDERSIGNED...

1. **HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE** the releasee and agrees to indemnify and forever save harmless the releasee from all liability to the undersigned for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned while the undersigned is in our restricted area, and/or competing, officiating, observing, working for, or for any purpose participating in the event;
2. **HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE** while in or upon the restricted area and/or while competing, officiating, observing, or working for or for any purpose participating in the event.

**EACH OF THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**, and further agrees that no oral representations, statements of inducement apart from the foregoing written agreement have been made.

#### ACCEPTANCE OF MEMBERSHIP CARD

The Edgar May Health & Recreation Center membership card must be shown for admittance. In joining The Edgar May Health & Recreation, I agree to abide by all the rules and decisions made by those in charge and to conduct myself at all times in a manner that will be a credit to myself and The Edgar May Health & Recreation Center. My membership may be forfeited without refund for violation.

The card is the property of The Edgar May Health & Recreation Center and must be shown or surrendered upon request. It is not transferable. If lost or stolen, there is a \$5.00 replacement fee.

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

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
THE EDGAR MAY Employee Signature