



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PARENTS' NIGHT OUT

5:30-8:30pm



Mankato Family YMCA // Parents' Night Out For Boys & Girls ages 6 months - 9 years

Take advantage of our Parents Night Out and enjoy an evening to yourself. Activities include swim or gym time, arts and crafts and a special snack. Youth must be picked up promptly by 8:30pm by a parent or guardian. Pre-registration is required. Register at least 1 week prior to your night out. Activities may be cancelled if minimum registration is not met (8).

YMCA membership required. Any member of household can hold membership.

COST: First child \$15.00 and each additional child \$10.00 (Permission slips required - please use form below)

**When are you going out?
Put an "X" next to your Friday night out.**

- Feb 1, 2019
- March 1, 2019
- April 5, 2019
- May 3, 2019

Tear and give this portion to parent to take home

Permission for YMCA Parents' Night Out

Mankato Family YMCA 1401 S. Riverfront Drive
Please fill out and return to the front desk with payment enclosed.

**When are you going out?
Put an "X" next to your Friday night out.**

- Feb 1, 2019
- March 1, 2019
- April 5, 2019
- May 3, 2019

Participant 1 name _____	Participant 2 name _____
Date of Birth ____ / ____ / ____ Sex: Male ____ Female ____	Date of Birth ____ / ____ / ____ Sex: Male ____ Female ____
School _____ Grade _____	School _____ Grade _____
Address _____	Phone _____
Parent/Guardian _____	Family Email _____
Emergency Contact _____	Emergency Contact Phone _____

By signing below, I give permission for my child to attend the YMCA Parents' Night Out.

I understand I am responsible for picking up my child from the YMCA, 1401 S. Riverfront Drive, at 8:30 p.m. and that my child will not be able to leave the facility prior to 8:30 p.m. unless it is with me. I understand YMCA programs are often photographed for promotional purposes, and my child may be included in these photographs. I certify my child is in normal health and capable of safe participation in the Parents' Night Out. I assume all risk(s) and hazards incidental to the conduct of this program.

I hereby authorize the YMCA to obtain medical treatment if parent(s) and the emergency contact cannot be reached.

Signature of Parent/Guardian _____ Date _____