



Parents' Night IN Family Survivor Night



Join us for a great adventure. We'll be sharing games, challenges and a little friendly competition with other family Tribes. This is a great opportunity to enjoy an evening of fun with your child (ages K thru 14).



April 28, 2010 6:30 pm - 8:30 pm
Shasta Family YMCA 1155 North Court Street
\$8.00 per Tribe of two (parent and child) YMCA members
\$10.00 per Tribe of two (parent and child) YMCA non members
\$5.00 each additional child
A snack will be provided.

Register your child by April 23, 2010 at the Shasta Family YMCA or at your afterschool site. Payment is due at the time of registration.

Child's Name _____
Home Phone # _____ Male / Female DOB ____ / ____ / ____
Address _____ City _____ Zip _____
Parent/Emergency Contact _____
Home Phone # _____ Cell # _____ Work Phone # _____
List who may pick up your child _____

YMCA WAIVER:
I agree to allow the YMCA to use photos taken of my child for promotional materials. I also agree to abide by the rules of the YMCA in regard to my child being in their program. The YMCA reserves the right to dismiss a child for continual behavioral problems. I understand that the YMCA carries no medical insurance, and I, intending to be legally bound hereby for myself, my heirs, executors, and administrators, waive and release all rights, claims and damages that my son or daughter may incur against the Shasta Family YMCA, and its representatives, successors, and assigns, for any and all injuries suffered by my son or daughter in this program. I also understand that all items brought from home must be clearly labeled with my child's name and that the YMCA is not responsible if these items become lost, stolen, or damaged.

PARENT SIGNATURE _____ **DATE** _____

FOR OFFICE USE: Date _____ Amount Paid _____ Receipt _____