



Parents Night Out Registration Form

Child's Name _____ Age ____ DOB _____ Male ___ Female ___

Parent / Guardians _____

Address _____ Email _____

Home Phone _____ Cell Phone(s) _____

Is your child potty trained? ___yes ___no

Allergies _____

Medications child is taking _____

Medical problems we should be aware of _____

Insurance Provider _____ **Policy#** _____

Providers Phone # _____ **Group#** _____

Emergency Contact	Relationship	Phone #

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In the event of an emergency, every effort will be made to contact you first. Being of sound mind I hereby give full permission to obtain emergency transport to the hospital and secure proper treatment for your child, should this become necessary.

I will accept responsibility for all charges.

Hold Harmless Agreement

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or child to participate. I understand that participation is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I FOREVER release His Place Fellowship, the Board of Elders, coordinators, student leaders, volunteers, and related parties, or other organizations associated with any activity from any and all claims or liability arising out of participation.

Parent/Guardian Signature _____ Date _____