

KIDS NIGHT OUT REGISTRATION

This form is only required if you did not submit an online registration. All information is required. If you skip answers, our team will ask you to finish your form before your child can be dropped off. A Release of Liability is also required. These are valid for one year. If you are unsure if you have a valid ROL on file, please check the printed list on the wall or ask our check-in team to confirm.

PARENT/GUARDIAN INFORMATION

Full Name: _____ Relationship to child: _____

Phone Number: _____ Email: _____

Alternate adult allowed to pick up or make decisions on the child's behalf:

PARTICIPANT INFORMATION

Child 1 Full Name: _____ Child 1 DOB: _____

Child 1 Allergies or Special Needs: _____

Child 2 Full Name: _____ Child 2 DOB: _____

Child 2 Allergies or Special Needs: _____

Child 3 Full Name: _____ Child 3 DOB: _____

Child 3 Allergies or Special Needs: _____

Child 4 Full Name: _____ Child 4 DOB: _____

Child 4 Allergies or Special Needs: _____

