



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PARENTS' NIGHT OUT BENEFITING THE WAKEFIELD PTA AND THE YMCA'S WE BUILD PEOPLE CAMPAIGN

Friday, November 22 6-9 p.m.

Parents' Night Out will take place at the Kerr Family YMCA. Drop off and pick up will be at the back entrance of the YMCA. If you would like your child to climb the rock wall, be sure that he/she wears closed toes shoes (no Crocs). You will complete a waiver when you drop off your child. We ask that all children are potty trained. If you have a child that is accident prone, please pack him/her an extra change of clothes. Dinner and a snack will be provided. The cost is \$15 for one child, \$25 for two children, and \$5 for each additional child. All proceeds will go to the Wakefield PTA and the Kerr Family YMCA's We Build People annual scholarship campaign. If you have any questions, please contact Caitlin Herrion at Caitlin.Herrion@YMCATriangle.org.

Child(ren)'s Name(s): _____ Age: ____ Grade: ____

Age: ____ Grade: ____

Age: ____ Grade: ____

Age: ____ Grade: ____

Mother's Name: _____ Cell # _____

Father's Name: _____ Cell # _____

Emergency Contacts (other than parents):

1) Name: _____ Cell # _____

2) Name: _____ Cell # _____

Special Needs/Allergies: _____

I allow my child(ren) to participate in Parents' Night Out.

Parent Signature _____ Date _____

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**YMCA of the Triangle Area, Inc.
Banks D. Kerr Family YMCA
Climbing Wall Waiver**

Release Agreement

Assumption of Risk and Waiver of Liability Program

I hereby request to participate at the Climbing Wall of the YMCA of the Triangle Area, Inc., Banks D. Kerr Family YMCA branch. I hereby acknowledge that I have been made aware and fully understand that there are certain elements of risk inherent in these activities in which I am about to voluntarily engage. Participation in these activities could involve risk of personal injury.

In consideration of my use of the facilities of the YMCA of the Triangle Area, Inc., Banks D. Kerr Family YMCA branch, I do hereby assume all risk of injury arising out of my participation and use of all Climbing Wall activities. I specifically release, covenant not to sue, hold harmless and indemnify the YMCA of the Triangle Area, Inc., Banks D. Kerr Family YMCA branch from any and all liabilities, damages, causes of action, suits, claims, and demands of any nature whatsoever, which are related to, arise out of, or are in any way connected with my participation in this activity, of use of all associated or related equipment for the Climbing Wall.

I am aware that the YMCA of the Triangle, Inc., Banks D. Kerr Family YMCA branch, has established rules of safety and conduct and I agree to fully abide by these standards.

Participant's Printed Name: _____ D.O.B _____

Participants Address: _____ Phone: _____

_____ I hereby certify that I am 18 years of age or older (check)

Participant's Signature: _____ Date: _____

_____ If Participant is under 18 (Parent or Guardian's signature required)

Signature of Parent or Guardian

Date