

# Registration Parent's Night Out Waiver of Liability & Assumption of Risk

In consideration of allowing the previously declared participant(s) to begin participation in Aley's Parent's Night Out, while on the premises and properties of Aley, the undersigned, for themselves, and/or being the legal guardian of participant, acting for themselves and on behalf of the participant release and hold harmless, employees, and volunteers, of and from all liability, claims, demands, and causes of actions whatsoever rising out of or relating to, any loss, damage, or injury, including death that may be sustained by the participant(s) and/or the undersigned, while in or upon the premises of Aley is conducted, or any premise under control and supervision of Aley employees, and volunteers.

**In signing this Release, the undersigned agrees to:**

- a) That he/she has thoroughly read and understands completely the terms of Registration and Release and signs it voluntarily.
- b) That the undersigned, signing for themselves, or as a legal Guardian is, in fact, the true and legal guardian and has consent of the participant.

**Medical Release:** The undersigned gives permission for the owners, employees, and volunteers of Aley, to seek emergency medical treatment for the participant(s) in the event they are unable to reach the parent of guardian. The undersigned also agrees that they are themselves will be responsible for any financial debt incurred by said action. It is the policy of Aley's Parent's Night Out to request transport to the closest Children's Hospital, unless a written notice with specific alternate instructions is attached to this form.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Medical Conditions or Allergies:**

#1 Student's Name: \_\_\_\_\_

Condition of Allergy: \_\_\_\_\_

#2 Student's Name: \_\_\_\_\_

Condition of Allergy: \_\_\_\_\_

#3 Student's Name: \_\_\_\_\_

Condition of Allergy: \_\_\_\_\_

#4 Student's Name: \_\_\_\_\_

Condition of Allergy: \_\_\_\_\_

\_\_\_ New \_\_\_ Renewal  
Month 1 2 3 4 5 6 7 8 9 10 11 12

## Registration for Parent's Night Out

#1 Student's Name: \_\_\_\_\_  
DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

#2 Student's Name: \_\_\_\_\_  
DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

#3 Student's Name: \_\_\_\_\_  
DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

#4 Student's Name: \_\_\_\_\_  
DOB: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

\*If renewing during this school year 2011-12, you need not complete the Family information section unless there has been a change. Please verify that there have been no changes by checking off each month attending.

### Family Information

Mom's Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_

Dad's Name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Best Number to reached at: #1 \_\_\_\_\_  
#2 \_\_\_\_\_

**Are there any medical conditions or allergies that we should know about?**  
**Yes or No**  
**If so, please explain on the back of this form.**

How did you here about, Aley's Parent's Night Out? \_\_\_\_\_

### Payment Information

#1 Student Amount Due: \$ \_\_\_\_\_

#2 Student Amount Due: \$ \_\_\_\_\_

#3 Student Amount Due: \$ \_\_\_\_\_ Cash: \$ \_\_\_\_\_

#4 Student Amount Due: \$ \_\_\_\_\_ Check #: \_\_\_\_\_

**Total Amount Due:** \$ \_\_\_\_\_