



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

TAKE THE NIGHT OFF PARENT'S NIGHT OUT



JOIN THE Y FOR A PARENT'S NIGHT OUT! THIS IS A NIGHT WHERE YOU ARE ABLE TO BRING YOUR KIDS TO THE Y, DROP THEM OFF, AND GO TO MATE'S PARENT SOCIAL! LEAVE IT TO THE Y STAFF TO PROVIDE A FUN & SAFE ENVIRONMENT FOR YOUR CHILDREN! SIBLINGS AGED 4-12YRS OLD ARE WELCOME TO ATTEND! COME IN PAJAMAS READY FOR FUN!

- \$35 1st Child \$25/ 2nd Child (sibling)
- Dinner and Arts and crafts are provided
- A (G rated) movie will be shown at the end of the night.

****WE ARE ONLY ABLE TO REGISTER 28 CHILDREN, SO LIMITED SPACE AVAILABLE, SO PLEASE REGISTER BY SEPTEMBER 23RD, 2015 @ 6:00PM. ALL REGISTRATIONS MUST BE TURNED IN TO A YMCA STAFF MEMBER OR DROPPED OFF AT THE CONEJO YMCA FACILITY: 4031 N MOORPARK ROAD, THOUSAND OAKS, CA, 91360.***

WHEN: Friday, September 25th, 2015

TIME: 5:30pm- 10:30pm

LOCATION: MATE'S YMCA
2000 La Granada Dr.
Thousand Oaks, CA

****Drop Off-:5:30pm in the Multipurpose Room***

****Pick Up: by 10:30pm in the MATE'S YMCA room***

Contact: Kandice Sorchini-Rosales
805.523.7613
Childcare@conejoymca.org



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RECREATION & SPECIAL EVENT 2015 REGISTRATION FORM

PARTICIPANT INFORMATION

FIRST NAME	M.I.	LAST NAME	D.O.B.	GENDER
				<input type="checkbox"/> Male <input type="checkbox"/> Female

PARENT / GUARDIAN INFORMATION

FIRST NAME	M.I.	LAST NAME	D.O.B.	GENDER
				<input type="checkbox"/> Male <input type="checkbox"/> Female
STREET ADDRESS		CITY	STATE	ZIP
PHONE NUMBER	ALTERNATE PHONE		E-MAIL ADDRESS	

PARENT / GUARDIAN INFORMATION

FIRST NAME	M.I.	LAST NAME	D.O.B.	GENDER
				<input type="checkbox"/> Male <input type="checkbox"/> Female
STREET ADDRESS		CITY	STATE	ZIP
PHONE NUMBER	ALTERNATE PHONE		E-MAIL ADDRESS	

AUTHORIZED PICK-UP LIST

Only the parents / guardians listed above and the individuals listed below will be allowed to pick-up the participant from camp (must be at least 18 years of age and present photo I.D. at pick-up):

NAME OF AUTHORIZED PERSON	PHONE NUMBER	RELATIONSHIP TO CHILD
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NAME OF AUTHORIZED PERSON	PHONE NUMBER	RELATIONSHIP TO CHILD

MEDICAL INFORMATION & MEDICAL AUTHORIZATION

PARTICIPANT MEDICAL INFORMATION		
DOCTOR	PHONE NUMBER	OFFICE LOCATION (CITY OR HOSPITAL)
DENTIST	PHONE NUMBER	OFFICE LOCATION (CITY)
HEALTH INSURANCE PROVIDER	POLICY NUMBER	
KNOWN ALLERGIES (MEDICATION, FOOD, ENVIRONMENTAL, ETC.)		
PRESCRIBED MEDICATION (DOCTOR'S NOTE REQUIRED)		OTHER NEEDS (BEHAVIORAL CONCERNS, FEARS, ANXIETIES, ETC.)

The health information as written above is correct to the best of my knowledge and I permit my child to engage in all prescribed YMCA activities. In the event I cannot be reached in an emergency, I give permission to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child. I hereby give the YMCA staff permission to administer prescribed medication to my child and I agree to provide a note from my child’s doctor outlining all prescribed medication procedures.

I further acknowledge that the YMCA of Southeast Ventura County does not carry health or accident insurance on its participants and understand that all expenses incurred in the treatment of illness, injuries, or accidents will be the responsibility of the participant and his or her parents or guardians.

Name of Parent / Guardian

Signature of Parent / Guardian

Date



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BILLING METHOD AUTHORIZATION CONEJO VALLEY YMCA

Payment Agreement:

I authorize my financial institution to honor preauthorized credit card charges and/or electronic funds transfers against my account for membership, program, and/or contribution payments as indicated below. When my financial institution honors the credit card or E.F.T. by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized credit card or E.F.T. not be honored by said financial institution when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus a service charge. It is further understood that the Y, at its discretion, may resubmit the amount due for payment on a future date if such payment is not honored by the financial institution.

☐ I choose to Charge my account on File(YMCA Members only):

☐ I have attached a check to this event's registration.

I acknowledge the payment agreement set forth above and agree to adhere to these policies as stated on this form.

Member Name

Signature

Date

YMCA Staff Use only

I have received the payment listed above and I acknowledge that I am responsible to give it to the Program Director.

Staff's Name

Signature

Date

MEMBER/CHILDREN
RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the SOUTHEAST VENTURA COUNTY YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating, will inspect and carefully consider such premises and facilities or affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereof and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands thereof on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any, loss, liability, damage or cost they may, incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.

THE UNDERSIGNED ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE.

Name of Child in Program

Name of Parent / Guardian

Signature of Parent / Guardian

Date

Name of Parent / Guardian

Signature of Parent / Guardian

Date