



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



# BUNNY & BAGELS

## Spring Family Easter Event

### HARRISON FAMILY YMCA

**Saturday, March 28<sup>th</sup>**  
**9:00 – 11:00 a.m.**

**Location: Y Soccer Field**  
(Multi-Purpose Room in case of rain)

Instead of your standard Easter Egg Hunt for the kids, the Y is switching it up this year to focus more on family bonding.

**Decorate Eggs**  
(Don't worry they aren't real but look very real!)

**Light Breakfast**  
including bagels, muffins and coffee

**Easter Crafts**

**Easter Bunny**

**Family Time**

**EARLY FEE: REGISTER BY MARCH 21**

**Kids 2 and under**

- Free

**Kids 3 and up**

- Y Members: \$3 per child
- Community Members: \$6 per child

**LATE FEE: REGISTER MARCH 22<sup>ND</sup> -27<sup>TH</sup>**

**Kids 2 and under**

- Free

**Kids 3 and up**

- Y Members: \$5 per child
- Community Members: \$8 per child

# REGISTER HERE!

Parent/Contact Person \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ D/O/B \_\_\_\_\_

Child 1 First and Last Name \_\_\_\_\_ D/O/B \_\_\_\_\_

Child 2 First and Last Name \_\_\_\_\_ D/O/B \_\_\_\_\_

Child 3 First and Last Name \_\_\_\_\_ D/O/B \_\_\_\_\_

Child 4 First and Last Name \_\_\_\_\_ D/O/B \_\_\_\_\_

Child 5 First and Last Name \_\_\_\_\_ D/O/B \_\_\_\_\_

WAIVER OF LIABILITY: I understand and agree that the Rocky Mount Family YMCA, Inc. (d/b/a Harrison Family YMCA) nor co-sponsoring organizations or their respective chapters, officers, directors, employees, agents, members or volunteers shall assume or have any responsibility or liability for expenses or medical treatment or form compensation for any injury may suffer during or resulting from my participation in this program. I do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in this program. I also represent and warrant that I have been advised to seek consultation from my doctor about whether I can safely participate in this program and whether there are precautions or limitations to my participation. I also grant permission to the Y to use any photographs or videography that are obtained as part of this program for future Y advertising and promotions.

**Participant's/Parent's Signature (parent signature required if age 17 or under)**

\_\_\_\_\_

Date \_\_\_\_\_