



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# TAKE A NIGHT OFF

## Parents Friday Night Out



**REGISTRATION IS REQUIRED FOR ALL EVENTS THE THURSDAY BEFORE!**

### PARENTS' FRIDAY NIGHT OUT

Parents can drop off the kids for a night full of fun while you enjoy some time to yourself. There will be a different theme and activities for each evening to keep kids engaged and wanting to come back for more!

Pizza, snack & juice provided.

**September 13<sup>th</sup>**

**October 11<sup>th</sup>**

**November 8<sup>th</sup>**

**December 13<sup>th</sup>**

**January 10<sup>th</sup>**

**February 14<sup>th</sup>**

**March 13<sup>th</sup>**

**April 3rd**

**April 17<sup>th</sup>**

**May 8<sup>th</sup>**

**May 29<sup>th</sup>**

**June 12<sup>th</sup>**

**June 26<sup>th</sup>**

**July 10<sup>th</sup>**

**July 24<sup>th</sup>**

**August 14<sup>th</sup>**

**August 28<sup>th</sup>**

**Time:** 5:30 -8:00 p.m.

**Fee:** \$10/YMCA Members  
\$15/Community Members

**Ages:** 5-12

5 yr olds must be in Kindergarten

**Starting in April, there will be 2 Parents Nights Out a Month!**



**HARRISON FAMILY YMCA**  
1000 Independence Drive Rocky Mount, NC 27804  
P 252 972 9622 harrisonfamilyY.org

# REGISTER HERE!

Parent/Contact Person \_\_\_\_\_ D/O/B \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

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 \_\_\_\_\_

## SCHEDULE

(Please check which evenings you are registering for below)

**September 13<sup>th</sup>**

**October 11<sup>th</sup>**

**November 8<sup>th</sup>**

**December 13<sup>th</sup>**

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**August 14<sup>th</sup>**

**August 28<sup>th</sup>**

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.

**Signature**

\_\_\_\_\_

Date \_\_\_\_\_