



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 13th

October 11th

November 8th

December 13th

January 10th

February 14th

March 13th

April 17th

May 8th

June 12th

July 10th

August 14th

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

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

Ages: 5-12;
5 yr olds must be in Kindergarten



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 13th

April 17th

October 11th

May 8th

November 8th

June 12th

December 13th

July 10th

January 10th

August 14th

February 14th

March 13th

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 _____