



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

TIME WITH TOTS & PARENTS

Tots Play Socials YMCA Playground

DATES: **Tuesday, June 26th** (rain date: June 28th)
Tuesday, July 24th (rain date: July 26th)
Tuesday, August 21st (rain date: August 23rd)

TIME: **5:30-6:30pm**

A time for parents with toddlers ages 2 - 4 to socialize in the playground area at the Y, while the kids have fun together with the variety of outdoor toys, activities and playground equipment available. Be sure to check out some of our NEW outdoor learning equipment, provided by the **Nash-Rocky Mount Rotary Club**.

Free to all YMCA Tots Play Program participants and \$5/family for all others.

Must register by filling out the back of this form and turning into the Y or online at harrisonfamilyY.org

Space is limited due to playground safety

Parents must stay with and supervise their child

For more information, contact Adam Crider at acrider@rmymca.org

REGISTER HERE!

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 _____

Adult 1 First and Last Name _____ D/O/B _____

Adult 2 First and Last Name _____ D/O/B _____

Adult 3 First and Last Name _____ D/O/B _____

Adult 4 First and Last Name _____ D/O/B _____

Parent/Contact Person _____

Address _____ City, State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

WAIVER OF LIABILITY: I understand and agree that the Rocky Mount Family YMCA, Inc. (d/b/a Harrison Family YMCA), North Carolina Wesleyan College, 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.

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

Date _____