



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

HALLOWEEN PARENT'S NIGHT OUT



**Friday October 21
6:00-10:00 PM**

Come to the YMCA for a night of swimming, spooky games, ghostly crafts, and monstrous movies!

Ages 5-13

**\$20 members \$30 non-members
*\$5 off per additional child**

Name _____ M _____ F _____ Birth Date _____ / _____ / _____

Address _____ City _____ Zip _____

Cell _____ Email _____

Parent/Guardian: _____ Phone: _____

Emergency Contact _____ Phone: _____

Allergies? _____ Y _____ N If yes, Allergies _____

Medications: _____ Y _____ N If yes, Medications _____

I would like to make a gift to help a child participate in YMCA programs. I am adding \$ _____ to my registration for the YMCA Annual Scholarship Fund. All gifts are tax deductible.

I hereby register my child for this YMCA of Morgan County event. I have reported all pertinent health information. I allow the YMCA to seek emergency care for my child if required. I also grant the YMCA permission to use photographs of my child in promotional material such as brochures, ads, websites, or newspaper releases. I will not be informed or reimbursed for such photographs.

Parent/Guardian Signature _____