



# PARENT NIGHT OUT REGISTRATION TASTE OF WEST ROXBURY

Child's Name

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Child's Age

D.O.B.

Parent's Name

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D.O.B.

Address

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Home Phone

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Cell Phone

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Date of Event: THURSDAY MAY 18, 2017

6:00-9:00 PM

Name of Event Taste of West Roxbury

Member Number (office use only)

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Payment Information

REGISTRATION CLOSES: Monday May 15, 2017 @

6:00 PM

Cost: Free with Taste of West Roxbury Receipt

\$10.00 paid by Taste of West Roxbury

Authorization to pick-up other than parent

Name

Relationship

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Phone number

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Parkway Community YMCA  
1972 Centre Street West Roxbury, MA 02132  
P 617-323-3200  
ymcaboston.org/parkway

Allergies, medical problems, restrictions:

**Emergency Information:** In case of a medical emergency, I understand that every effort will be made to contact the child's parent or guardian by the numbers provided by the same. In the event I cannot be reached, I hereby give my permission to the program director to hospitalize and secure treatment for my child as named above.

Parent's/Guardian's Signature

----- Date -----

**Promotional Release:** I hereby grant consent and authorize the use of photographs, slides, videotapes and film of my child participating in YMCA activities for commercial and art purposes in any medium of advertising, communication, publication or publicity that will promote YMCA programs and services, and/or recognition of participants. I understand that the YMCA is a non-profit organization.

Parent's/Guardian's Signature

----- Date -----

**Indemnification Agreement:** In consideration of the YMCA of Greater Boston's ("The YMCA's") acceptance of my participation and its permission to use its facilities, I agree, for myself and my minor children, to indemnify the YMCA and its directors, officers, employees, and agents against any loss arising out of or relation to any injury to or theft of any personal property, including but not limited to jewelry, clothing, papers, and automobiles, that I or any member of my family, including any of my minor children, bring onto the YMCA's premises, whether or not I or any member of my family, including any minor child, owns the personal property. I agree, for myself and my minor children, to indemnify the YMCA and its directors, officers, employees, and agents against any loss arising out of or relation to any costs I or any member of my family, including any minor child, incur to physicians, dentists, hospitals, or other health care providers for injuries, diseases, or other medical conditions that occurred or where activated, aggravated, or cause while I or the member of my family was on the YMCA's premises. I also agree, for myself and my minor children, to indemnify the YMCA and its directors, officers, employees, and agents, against any loss arising out of or relation to the use by me of any member of my family, including any minor child, of the YMCA's facilities, or arising out of or relation to my participation with the YMCA, or with my child's use of the YMCA's facilities.

Parent's/Guardian's Signature

----- Date -----



# PARENT NIGHT OUT REGISTRATION TASTE OF WEST ROXBURY

Signature\_\_\_\_\_

Printed Name\_\_\_\_\_

Date\_\_\_\_\_