

Parents' Night Out – Registration Form

Name of Child: _____ Age: _____

Name of Parent/Guardian: _____ Phone: _____

Name of Additional Emergency Contact: _____

Relation to Child: _____ Phone: _____

Allergies: _____

Medications: (We will not administer medications): _____

Other Medical Alerts or Concerns: _____

Liability Waiver Form

I wish to include my child/children in the Parent's Night Out Activities at St. Paul's Catholic School. I verify that my child/children is/are free from any injuries or illnesses that could endanger them or other children participating in activities.

My children are of acceptable behavior and medically able to be at Parents Night Out. My children will abide by all decisions of adult supervision at Parents Night Out. I assume all risks associated with Parents Night Out, including but not limited to falls, contact with other participants, and all such risks being known by me. Having read this waiver and knowing these facts and in consideration of your accepting my form to participate in Parents Night Out, I waive and release the St, Paul's Catholic School from all claims or liabilities.

I understand that this Waiver and Release of Claims and Liability is intended to be as broad and inclusive as permitted by the laws of the state of North Carolina and I agree that if any portion is held invalid, the remainder of the Waiver and Release of Claims and Liability will continue in full legal force and effect. I further agree that the venue for any legal proceedings relating to my child/children's participation in Parent's Night Out or to this Waiver and Release shall be in the State of North Carolina.

I understand St Paul Catholic School is not responsible for lost items during the Parents Night Out and children must be picked up by the designated end time. Any child picked up after 10 minutes past the designated end time will be subject to a \$5 fee per child every time minutes.

I understand that all children must be potty trained. Staff will NOT change diapers. Parents will be called to change soiled diapers/underpants if needed.

Participant's Release

I am freely signing this Waiver and Release. I affirm I am at least 18 years old. I have read this form carefully and fully understand that by signing this form, I am giving up legal rights and remedies that may otherwise be available to me and my child/children.

Date: _____

(Print) Name of Child: _____

(Print) Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Please email completed form to hasa@stpaulcs.org or bring on night of event.