

# Davidson Interact Parents' Night Out!!!

Fun for the kids, and a night out for you!! Go shopping, on a date, or to a movie knowing your kids are having fun!

Friday, November 30<sup>th</sup>, 2018

Weaver Middle School

6:00-9:00 PM

Student drop off from 5:30-6:00

\$20/child (early bird registration through 11/15)

\$25/child after 11/15/18

\* All proceeds will go to Families for a Cure.

\* Children must be in grades K-5.

**Description:** A fun night for kids at the school! Bounce House, games, gym play, arts & crafts, movie! Plus a magician will perform at the end of the evening. Dinner of pizza, water and snacks will be served. High school volunteers and Interact Advisors will provide supervision.

**What to bring:** PJs (optional but fun!) & sneakers

**Reserve your space:** Space is limited to **first 200 children**.

Registration is found at Local Level Events.

\* \* \* \* \*

Parent(s) name(s): \_\_\_\_\_

Cell phone (for emergency contact that evening): \_\_\_\_\_

Child's name\_\_\_\_\_ Age \_\_\_\_\_

Child's name\_\_\_\_\_ Age \_\_\_\_\_

Child's name\_\_\_\_\_ Age \_\_\_\_\_

Child's name\_\_\_\_\_ Age \_\_\_\_\_

Name of person(s) other than yourself, permitted to pick up student at end of event (if applicable)

Name \_\_\_\_\_

Cell Number \_\_\_\_\_

**Liability Waiver -- Must Be Signed By Legal Guardian**

My child(ren) are of acceptable behavior and medically able and properly trained to be at Parents' Night Out. My child(ren) 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, the effects of the weather, all such risks being known and appreciated 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, for myself and anyone entitled to act on my behalf, waive and release the Hilliard Davidson Interact Club and its officers and agents, all sponsors, their representatives and successors from all claims or liabilities even though liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

I grant permission to all the foregoing to use any photographs, motion pictures, recordings, or any other record of this event for any legitimate purpose.

I understand that the Hilliard Davidson Interact Club is not responsible for lost items during the Parents' Night Out.

**Signature of Legal Guardian**\_\_\_\_\_ **Date:** \_\_\_\_\_

**Print name of Guardian:** \_\_\_\_\_

**Emergency Medical Authorization**

In the event that reasonable attempts to contact me or the other parent have been unsuccessful, I hereby give my consent (1) for the administration of any treatment deemed necessary by our physician or dentist, or in the event that the designated preferred practitioner is not available, by another licensed physician or dentist, and (2) for the transfer of the child to our preferred hospital or one that is reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two physicians or dentists, concurring in the necessity of surgery are obtained before surgery is performed.

Preferred Doctor:\_\_\_\_\_Preferred Dentist:\_\_\_\_\_

Preferred Hospital:\_\_\_\_\_

**Allergies and Medical Conditions:**

\_\_\_\_\_  
\_\_\_\_\_

Parent Signature:\_\_\_\_\_

Date:\_\_\_\_\_