

Parents Night Out

Complete a registration form for each child. Please note that the daily rate is based on availability.

Child's name: _____ Age: _____ D.O.B. _____

Address: _____

Phone No: _____ Email: _____

Mother/Guardian: _____

Father/Guardian: _____

Emergency Contact Name: _____

Emergency Contact Phone No: _____

Besides the parents, who may pick up the child? _____

Allergies/Medications: _____

Physical conditions we should be aware of? _____

Paramount Sports Complex has my permission to seek and provide medical attention for my child. I accept responsibility for any and all medical expenses that my be incurred through participation in Parents Night Out.

Parent Signature

Date

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