



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

A NIGHT OUT FOR YOU, AND ONE FOR THEM, TOO!

Kids' Night Out – Saturday, December 16 JOPLIN FAMILY YMCA SOUTH

Join us for a special holiday-themed, members-only Kids' Night Out! Your kids will get a chance to enjoy a night of games, snacks, a movie and hanging out with friends. It's a great way for kids to be active and make new pals, AND parents get a chance to go out, too! (Maybe even get that Christmas shopping done!) Kids will be supervised by caring and responsible Y staff while they have a blast! Space is limited, please register in advance.

What You've Just Got to Know

- **Who:** Joplin Family YMCA members (The event is open to kids ages 8 weeks to 12 years)
- **When:** Saturday, December 16, 5:00pm-9:00pm
- **Where:** Joplin Family YMCA South
- **Drop Off Times:** 5:00pm-5:15pm
- **Pick Up Times:** 8:45pm-9:00pm
- **Cost:** FREE

This event will be limited to the first 65 registered enrollments, so sign your child up today! For more information, please call 417 781 YMCA.



JOPLIN FAMILY YMCA

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P 417 781 9622 F 417 625 2503 www.joplinfamilyy.org



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Kids' Night Out Registration Form
JOPLIN FAMILY YMCA

Child's Name _____
(Please Print)

Age _____ Grade _____ Birth Date _____ Gender Male Female

Home Address _____

City _____ State _____ Zip _____ Home Phone () -

Email address _____

Mother/Guardian _____ Phone () -
(Please Print)

Father/Guardian _____ Phone () -
(Please Print)

Person(s) authorized to pick up children: _____

EMERGENCY CONTACTS

Name _____ Emergency Phone () - Cell Phone () -

Name _____ Emergency Phone () - Cell Phone () -

I, the parent or guardian, fully understand that the Joplin Family YMCA does not provide any accident or health insurance to participants in Joplin Family YMCA programs. Parents/guardians will assume responsibility for all medical costs while attending Joplin Family YMCA programs. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the child care worker to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child (as named above) at my cost and not the cost of the Joplin Family YMCA. I understand that children must be dropped off between 6:00pm-6:15pm and picked up 9:45pm-10:00pm.

Parent/Guardian Signature _____ Date _____

Every Child is a Star!
I give the Joplin Family YMCA permission to use any pictures taken of my child while participating in Kids' Night Out for the purposes of their own advertising.
Initial Here: _____

We Are Stronger Together!
As a parent, I can see the value and impact the Joplin Family Y is making on our families. I appreciate the scholarship opportunities that are available in youth sports, childcare, and membership. I would like to show my support by making this one time contribution to help another family afford the programming that makes a difference in our community!
Amount: \$5 \$10 \$ _____
Front desk: Ring as Transaction Code 700. Forward a copy of this page to Development Director.