



Parents Night Out Waiver

Date ____/____/____

Parent/Guardian's Authorization

Child's name (please print) _____

Gender: Female Male Home phone (____) _____

E-mail _____

Address _____ City _____ State _____

_____ Zip _____

Birthday ____/____/____ Age _____

Parent/Guardian name _____ DOB ____/____/____ Home phone (____) _____

Parent/Guardian name _____ DOB ____/____/____ Home phone (____) _____

Phone number where you can be reached during the program (____) _____

Who should be called if your child needs to be picked up early? _____ Phone (____) _____

Any health issues/allergies that we should be aware of? Yes (please list) No

In the event that my child needs immediate attention for injuries received while participating in activities at The Five, I authorized The Five staff to give my child reasonable first aid, and to transport my child to a health care facility for emergency services as needed. I hereby acknowledge that The Five will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at The Five that indicates otherwise.

Parent/Guardian Signature _____ Date ____/____/____

Emergency Contacts and Pick-Up Authorization

The following people should be contacted in case of emergency, only if parent/guardian cannot be reached AND are authorized to pick up the child:

1. Name _____ Relationship _____

Phone: Day (____) _____ Evening (____) _____

2. Name _____ Relationship _____

Phone: Day (____) _____ Evening (____) _____

Family Doctor _____ Phone (____) _____

Family Dentist _____ Phone (____) _____

Do you carry family medical/hospital insurance? Yes No Carrier _____ Policy/Group # _____

Waiver and Release of Liability (Administer and Use of Epi-Pen)

By signing below, I agree to Waive and Release of any and all liability for The Five in the administration and use of the Epi-Pen. I agree to forever release and discharge The Five and its directors, officers, employees and volunteers from any and all liability, claims, actions, rights of actions, damages, and expenses, including attorney expenses.

Parent/Guardian Signature _____ Date ____/____/____