



Received By _____
Receipt Number _____

KIDZ NIGHT OUT REGISTRATION FORM

Please use a separate form for each child. Registration is on a first come first serve basis. Return completed forms to the front desk with payment to reserve spot.
All registration forms must be complete to ensure a spot.

Child's Name _____ Female Male Non Birthday: ___/___/___
FIRST LAST

Parent/Guardian's Name _____ Phone #: _____ Member: Y
FIRST LAST

Address: _____ E-Mail: _____
STREET CITY STATE ZIP CODE

INFORMATION & CANCELLATION POLICY

MEMBER	TIME	AGES
\$15.00 per Child	7:00pm-9:00pm	5-10

REFUND/CANCELLATION POLICY

- Failure to adhere to program policies is cause for dismissal with no refund of fees.
- A complete refund will be given if written notification of cancellation is given at least two weeks prior to the start of the program.
- No refund will be given if a participant leaves a program early for any reason; if participant cancels within two weeks of the start of the program; if a participant does not show up for the program.
- Refunds will be given for medical reasons with the proper paperwork provided to Mt. Park. Once paperwork is given to Mt. Park the refund will then go forward with processing.
- No refunds will be given for any reason after 3 months post purchase of item, event or program.

EVENT DETAILS

DATE	MOVIE	FOOD	ACTIVITY
June 9, 2023	Rango	Pizza	Sport Court Games

AUTHORIZED PERSONS FOR PICK-UP

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

RELEASES

Photo Release: I understand that pictures may be taken of the participants during activities and I give permission to have the pictures posted on any of Mountain Park materials.	Yes _____ (Initial)	No _____ (Initial)
Check-In/Check-Out: I understand that my child, regardless of age, must be signed in with a KidZone staff member by an adult. I understand that all children must be checked out by an adult authorized listed on the registration form.	Yes _____ (Initial)	X
Responsibility: My child must arrive in close-toed shoes suitable for running on a hard surface.	Yes _____ (Initial)	X
Life Jacket: My child requires a life jacket to go swimming in the pool.	Yes _____ (Initial)	No _____ (Initial)
Food: My child has permission to consume food items distributed by KidZone staff as a part of the KidZone Party activities unless they have a known related food allergy to the product(s). LIST ALLERGIES: _____ _____	Yes _____ (Initial)	No _____ (Initial)

WAIVER

In participating in all KidZone programs sponsored by the Mountain Park Home Owners Association, I hereby acknowledge that I understand there are risks of accident resulting in bodily harm arising out of those activities. I understand that the program activities are planned with the safety of the participants in mind. I further acknowledge that my child has the physical capacity reasonably necessary to engage in the program activities for which I have enrolled them. In case of emergency, accident, or illness, I give permission for my child to be attended to by a professional medical person and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses which are incurred on their behalf. It is understood and agreed that the Mountain Park Home Owners Association, Boards, employees, volunteers, and agents be held harmless against all claims, damages, loss, or expenses including attorney fees arising out of or resulting from their participation in recreation programs.

I have read the above statements and understand the contents

Parent/Guardian Signature: _____ Date: _____