

KIDS NIGHT OUT



Ages: 5-14 years old

2014 Dates:

Saturday, February 15

Saturday, May 17

Saturday, July 12

Saturday, September 20

Saturday, November 15

Saturday, December 13

Time: 6:00pm - 10:00pm

Cost: Member: \$15 per child

Non-Member: \$25 per child

Mom and Dad - enjoy a night without the kids!!

Children will enjoy swim time, sports/activity time on the indoor field or in a studio, crafts, having fun with friends and much more!!!

Pizza dinner is included





Program Registration Form



NAME OF PROGRAM: _____

DAY(S) OF PROGRAM: _____ DATE(S) OF PROGRAM: _____

PARTICIPANT'S NAME: _____ MEMBER: Y N

AGE: _____ DOB: ____ / ____ / ____ GENDER: Male Female

PARENT NAME (if participant is under 18): _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME #: _____ CELL #: _____

EMAIL: _____

EMERGENCY CONTACT: _____ CELL # _____

HEALTH INFORMATION: Please list any special needs, medical or behavioral conditions, or medications that we need to be aware of to ensure your child's safety (allergies, asthma, etc.)

RELEASE: I have read and answered to the best of my knowledge, the above questionnaire. I agree that all exercise and activities (including, but not limited to exercise classes, cardio, strength equipment, pools, field activities) shall be undertaken by me at my sole risk. I release Harford Health & Fitness Club, Inc., its officers, directors, employees and shareholders, from any claim for any injury to me personally, damage to my personal property, or theft thereof, while I am at the Harford Health & Fitness Club, including claims arising from negligence of Harford Health & Fitness Club employees or agents. I understand that I must be a current member in good standing at the time of service to receive member discount. I understand that all images (photographic and video) taken can be used in future marketing.

Signature / Parent or Legal Guardian must sign if participant is under 18 _____
Date

PAYMENT INFORMATION:

TYPE OF PAYMENT: _____ CHECK _____ CASH _____ CREDIT CARD (Visa & MC accepted)

VISA / MC # _____ EXP: _____

AMOUNT PAID: _____ DATE PAID: _____

Staple Receipt Here
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