



**Parent Night Out Registration Form**

Mon-Fri 5:00am-9:00pm

Sat 6:30am- 8:00pm

Sun 8:00am- 6:00pm

**802.296.2850 | www.uvacswim.org**

Child: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Male/Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Email (Required): \_\_\_\_\_

Home: (\_\_\_\_) \_\_\_\_\_ Cell:(\_\_\_\_) \_\_\_\_\_ Work:(\_\_\_\_) \_\_\_\_\_

Health Concerns/ Other Comments: \_\_\_\_\_

Best way to reach you in case of emergency: \_\_\_\_\_

**Dates:** Second Saturday of each month **Time:** 5:00 – 8:00pm **Please indicate month:** \_\_\_\_\_

Fee Chart:	1x Drop-In
Member (per child)	\$24.00
Multi-Child	15% off per child
Non-Member (per child)	\$30.00
Multi-Child	15% off per child

Total Enclosed: \_\_\_\_\_

I authorize UVAC to use any photos taken of my child/ children during Parent Night Out for the UVAC website or other promotional materials.  Yes  No

Where did you hear about us?

Website/Social Media  Newspaper  Flyer  Walk-In  Friend  Event  Other

**UVAC Health and Emergency Contact Form**

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Policy No.: \_\_\_\_\_

In the event we cannot reach a parent please list contact information for two people:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Does your child have any special needs? Y N

If yes, please write below what they are and how we can make sure he/she has the best experience possible.

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Does your child have any medical conditions that would affect his/her participation in the program?

Y/N If yes, please list:

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Will your child need to take any medications during Parent Night Out hours? Y N

If yes, please list:

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**Please note that UVAC staff cannot administer medication and children will need to self-administer any and all medications.**

Please provide dates of your child's most recent immunizations:

Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_ Polio \_\_\_\_\_ Tetanus \_\_\_\_\_

Has your child had the chicken pox or received the vaccine? Y N

If your child is allergic or suffers from any of the following please check:

Ear Infections \_\_\_ Frequent Colds \_\_\_ Hypertension \_\_\_ Mononucleosis \_\_\_\_\_

Insect stings \_\_\_ Penicillin Allergy \_\_\_ Cramps \_\_\_ Diabetes \_\_\_ ADD/ADHD \_\_\_

Hay Fever \_\_\_ Heart Disease \_\_\_ Asthma \_\_\_ Reaction to Poison Ivy \_\_\_ Psychiatric Treatment \_\_\_

Food/Other Allergies \_\_\_ Bleeding Disorder \_\_\_ Epilepsy/Seizures \_\_\_\_\_

Comments:

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Does your child carry a bee sting kit? Y N

**Please note that UVAC staff cannot administer bee sting kits.**

**Due to the nature of our site, we cannot guarantee that the facilities are peanut/nut free.**

#### **Pick-Up Authorization**

Please list all persons allowed to pick up your child (Photo ID will be needed)

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_



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### Parental Authorization Statement

In the event that we are unable to reach a parent/guardian or an emergency contact during an emergency while at UVAC, I hereby give my permission to the UVAC staff and/or medical personnel to take emergency measures as needed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### UVAC Informed Consent

As a parent of \_\_\_\_\_ (child's name), I agree that:

- I understand that all the information in the Health and Emergency form will be kept confidential and only assessed to ensure the safety and functionality of the Parent Night Out Program.
- I authorize the Head Lifeguard or their designate to act for me according to their best judgment in any emergency.
- I fully acknowledge that even after reasonable safety precautions have been taken, some activities such as swimming, hiking, and other outdoor activities may result in injuries which the UVAC facility and faculty should not be held responsible.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use:

Paid: Cash / Check / CC \_\_\_\_\_ Date Rec. \_\_\_\_\_ Staff Initials \_\_\_\_\_ Enrolled Activenet \_\_\_\_\_