

**Parent Night Out Registration Forms**

Youth Participant #1 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Youth Participant #2 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Youth Participant #3 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Youth Participant #4 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Youth Participant #5 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Youth Participant #6 \_\_\_\_\_ Date of Birth \_\_\_\_\_

Do any of your children currently take any medications? Please circle Yes or No

If yes, please list the name of child, the medication and what it is used for. Attach another sheet if necessary.

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Do any of your children have any physical, mental, emotional limitations, or special needs? Examples include but are not limited to: Asthma, ADHD, ADD, and Autism. Please Circle Yes or No

If yes, please list the name of child and a description below. Attach another sheet if necessary.

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Please list ALL allergies, including food allergies and/or dietary restrictions. Please include the name of the child with the specific allergies. Please be VERY specific! Examples include by are not limited to bee stings, gluten allergies, lactose intolerant, nut allergies, or allergic to penicillin.

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Parent/ Guardian Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_ Work Number- \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

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

**Adair Village Parents Night Out Consent and Permission Form**

I give permission for my son/ daughter \_\_\_\_\_ to attend Parents Night Out and to participate in the activities associated with the event.

I also authorize my consent for any Adair Village staff or volunteer who is facilitating the activities to sign for medical treatment for \_\_\_\_\_ in case of a medical emergency. I understand every effort will be made to contact me prior to consent for any treatment or dispensing of any medication. I understand I am responsible for any cost incurred if medical or dental treatment is necessary.

The Undersigned Parent or Guardian, individually and on behalf of the above referenced student shall hold harmless, indemnify, and defend Benton county and City of Adair Village, its officers, agents and employees, from any and all liability, actions, claims, losses, damages or other costs including attorney's fees and witness costs (at both trial and appeal level, whether or not a trial or appeal ever takes place) that may be asserted by any person or entity arising from, during or in connection with the activity described herein, liability arising out of the sole negligence of the county or city and its employees. Such indemnification shall also cover claims brought against Benton County under state or federal workers compensation laws. If any aspect of this indemnity shall be found to be illegal or invalid for any reason whatsoever, such illegality or invalidity shall not affect the validity of the remainder of this indemnification.

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

Print your name \_\_\_\_\_