

Burke Racquet & Swim Kids' Night Out Permission Slip and Waiver

- One form must be filled out for each child attending.
- This form is valid for 12 months(Sept.. - June) : you do not need to fill out a new form each time your child attends.

Child's Name: _____

Child's Age: _____

Please circle one: Male Female

Swimming Ability: Non-swimmer Beginner Intermediate Advanced Expert

Any conditions or allergies that may limit participation?

No: _____

Yes: _____ Describe if yes: _____

Parent's Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Name of Physician: _____ Physician's Phone: _____

General Consent for Athletic Participation, Medical and/or Surgical Treatment

- I understand that Burke Racquet and Swim Club will select at least one activity from the following list: swimming, climbing wall, tennis, racquetball, interactive gym, and other games. I grant permission for my child to participate fully in any activity selected by Kids' Night Out staff, including permission to swim in water above his/her should.
- Usually, Kids' Night Out participants will be offered the opportunity to use the climbing wall. I understand the inherent danger of the sport and I need to sign a separate rock climbing wall waiver for my child to participate.
- I understand that if my child becomes ill, I will be notified and will pick my child up.
- I understand that neither the Burke Racquet and Swim Club. nor any one connected with Burke Racquet and Swim Club, will assume any responsibility for accidents or sickness incurred by my child while at Burke Racquet and Swim Club. I agree to assume sole responsibility for payment of any and all medical, dental or other expenses incurred as a result of such sickness or injury and fully comprehend the inherent danger in sporting activities.
- I understand that Burke Racquet and Swim Club reserves the right to remove any child from Kids' Night Out for any reason.
- I understand that Kids' Night Out ends Sat. 9:00 pm and that I will in will incur a \$1/rminute charge if I am late picking my child up.
- I understand that a deposit of \$15.00 per child must be made on or before Sat, and the balance of payment must be made before the start of the program.

Parent Signature: _____ Date: _____