

2019 Kids Night Out Registration Form



Child's Information

First Name	Middle	Last Name	Birthdate (mm/dd/yy)	Age	Gender
Primary Address			City	State	Zip

Parent /Guardian Information

First Name	Last Name	Relation to the student			
Address (if different from above)			City	State	Zip
Primary Phone	Secondary Phone	Email			

Emergency Information

Emergency Contact	Primary Phone	Secondary Phone
Emergency Contact	Primary Phone	Secondary Phone
Child's Primary Physician	Phone	Address

Authorized Adults for Pick Up

Please note: STAR staff will only release your student to adults 18+ who are listed below.
If you need to add or change information, please do so in person.

Name	Phone	Relation to the child
Name	Phone	Relation to the child
Name	Phone	Relation to the child

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To help us create a safe and effective program environment for your child, please list any special needs, food allergies or any behavioral challenges that you are aware of:

I understand that STAR Staff will not administer any medications of any kind unless in an emergency situation or otherwise approved by the program coordinator.

Parent/Guardian Initials _____

Will your child be bringing an Epi Pen or Inhaler? If so, please give the medication to a STAR Staff with your child's name and instructions.

Epi Pen

Inhaler

Is your child able to use the restroom independently?

Yes

No

How did you find out about Kids Night Out at STAR Center?

I am a STAR Pass holder

Website/Social Media _____

From a friend

Other _____

Release of Liability

I waive all rights and release all claims that might be had against the Metropolitan Park District of Tacoma, its hired or contracted instructors, and their employees and agents, for any and all injuries or losses which may be suffered because of my, or my child's or children's participation in the above activity offered by the Metropolitan Park District of Tacoma and its partners. I consent to my child's or children's participation in the activity/program of the Metropolitan Park District of Tacoma and its employees or agents to provide emergency treatment for my child or children on my behalf. I give permission to have the photos of my child taken during STAR center programs used for publicity purposes by the Metropolitan Park District of Tacoma and its partners. I consent to the use of my child's name, likeness and voice without monetary compensation in connection with any Metropolitan Park District of Tacoma and its agents from any and all claims for damages for libel, slander, invasion of the right of privacy and any other claim arising out of any broadcast, exhibition, promotion or advertising of the Metropolitan Park District of Tacoma.

Parent/Guardian Signature: _____ Date: _____