KID’S NIGHT OUT

NEED A DATE NIGHT? KIDS NEED A NIGHT OUT??

ACTIVITIES AND ENTERTAINMENT PROVIDED BY MEMBERS OF SMITH COLLEGE’S ATHLETICS TEAMS

WHO: Kids grade K-6
DATES: Oct. 19, Nov. 2, 9, Feb. 22, Mar. 22, 29, April 19, 26
TIME: 7:00 pm - 10:00 pm
DROP OFF AND PICK UP: Smith College Indoor Track and Tennis Building, glass doors
ATTIRE: Play clothes, sneakers, swim suits & towels etc..
WHAT: Supervised sports/games; some nights will include arts and crafts, each night will include swimming when life-guards are available
COST: When registration is submitted by noon time on Thursday:
$18 1st child in each family, $8 each additional child in the family
$8 per child of current Smith College students
Registration after noon time on Thursday:
$20 1st child in each family, $9 each additional child in the family
$9 per child of current Smith College students
REGISTRATION: Send registration and check to: (checks payable to Smith College)
Kids Night Out, Katie Moore, Ainsworth Gym, Smith College, Northampton, MA 01063

MORE INFORMATION: call 585-4986
**********THIS IS NOT A CAMPUS SCHOOL PROGRAM*******
**DO NOT LEAVE THIS FORM AT THE CAMPUS SCHOOL**
******FORMS ARE ON THE SMITH ATHLETIC WEB SITE*******
Go To http://www.smithpioneers.com/campsandclinics and Click on KNO

YOU CAN RECEIVE THE FORM VIA EMAIL - INCLUDE IN REGISTRATION FORM

REGISTRATION FORM

Name: ___________________________ DOB: _____________
Allergies/medical conditions: ______________________________
Name: ___________________________ DOB: _____________
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Name: ___________________________ DOB: _____________
Allergies/medical conditions: ______________________________
Name: ___________________________ DOB: _____________
Allergies/medical conditions: ______________________________
Parents Name: ___________________________ Tel: _____________
Address: ___________________________ 2nd Tel: _____________
EMAIL: ___________________________
Emergency Contact: ___________________________ Tel: _____________

Date Registered for: ___________________________ Total Payment Enclosed: _____________

In addition to the registration form, the RELEASE FROM MUST ALSO BE SUBMITTED in order to participate in the program.
SMITH COLLEGE
Release of Liability / Assumption of Risk / Agreement not to Sue

Read this Release, Assumption of Risk, and Agreement not to Sue (this “Release”) carefully and in its entirety. It is a binding legal document. After reading this Release, sign your name, to show that you agree to and do assume all risks associated with your child’s participation in this Program and that you release SMITH COLLEGE, its employees, trustees, officers, students, volunteers and representatives (the “College”) of any and all liability resulting from your child’s participation in this Program.

I, as the parent/guardian of the child named below, permit my child/children to participate in the Kid’s Night Out as described on the information flyer. I understand what the Program activities will be and give full approval for my child’s participation in the Program.

I acknowledge that my child may be exposed to hazards and I voluntarily agree to assume all risks. I understand that the risks of the Program may include loss, injury, death or property damage caused by accident or illness, the forces of nature, and travel by automobile, bus or other vehicle or other hazards that are unknown.

In consideration of my child’s participation in the Program, I hereby, now and forever release the College from and against any causes of action, claims or demands of any nature that may result from or be connected in any way to my child’s participation in the Program (“Claims”). I further agree not to sue and agree to indemnify and hold harmless the College from any Claims. It is also my express intent that this Release shall bind my spouse, family members, heirs, guardians, legal representatives, and assigns.

I expressly agree that this Release shall be governed by and interpreted in accordance with the laws of the Commonwealth of Massachusetts. I intend this to be a complete and unconditional release of all liability to the greatest extent allowed by law.

My child/children has/have been told the rules of the Program and agrees to follow them. We understand that he or she (my child) may be asked to leave the Program if the rules or the instructions are disobeyed.

Medical Treatment Authorization
I authorize the College to act on my behalf in any medical emergency as may be necessary.

Media Release
I understand and agree that the program and its participants may be recorded in any media and that the College may use or keep said recordings for any purpose.

By signing below, I hereby confirm that I am the Parent or Legal Guardian for the Participant enrolled in the Program and that I have read this document in its entirety, understand it, and sign it voluntarily.

Child’s Name: ___________________________________________  
Child’s Name: ___________________________________________  
Child’s Name: ___________________________________________  
Child’s Name: ___________________________________________  

Signature of Parent/Legal Guardian __________________________________________ Date________________________

Print Name: _______________________________________________________________________________  
Address: ____________________________________________  Telephone Number: ____________________

**THIS MUST BE SUBMITTED WITH THE KNO REGISTRATION FORM.**