



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YOU'RE A STAR

Girls Night Out COUNTRYSIDE YMCA | LEBANON

YOU ARE A STAR! We will be doing our hair, nails, face painting, learning yoga poses during their Yoga lesson and dance moves via Zumba! Selfie Station, games, snacks and prizes! Girls will make their own stars for our YMCA Walk of Fame in our Motion Zone. Fun night of pampering, music, making new friends and building self confidence!

Saturday, April 6, 2019
7:30p - 10:00p
Pre-Registration: \$15 per person
At the Door: \$20 per person
Girls only ages 8 to 14

Bring completed waiver to attend

Questions?
Contact Julie Groh
513 932 1424 ext. 142
julie.groh@ymcastaff.org



YMCA Hold Harmless and Medical Release Form

PROGRAM NAME: _____ PROGRAM NUMBER: _____

NAME OF PARTICIPANT: _____ SEX: _____ AGE: _____

DATE OF BIRTH: _____

*LIST ALLERGIES OR OTHER PERSONAL INFORMATION TO BE AWARE OF:

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DATE OF BIRTH: _____

*LIST ALLERGIES OR OTHER PERSONAL INFORMATION TO BE AWARE OF:

PARENT/ GUARDIAN NAME: _____ BEST PHONE :() _____

EMERGENCY CONTACT :(non-parent) _____ BEST PHONE :() _____

MEMBER _____ PROGRAM-MEMBER _____ NON-MEMBER _____ Email: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: () _____ How did you hear about this event: (flyer, website, newspaper, face book, other)? Explain:

WAVIER/RELEASE STATEMENT

The undersigned hereby releases, waives, discharges and covenants not to sue the YMCA, its directors, officers, employees, and agents(hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location. I do further release, absolve, indemnify, and hold harmless releases. I am voluntarily requesting permission for my son/daughter to participate and also waive and release their photograph of likeness for any reason or purpose.

In the event that I cannot be reached in an emergency, I hereby give permission to any licensed physician, surgeon, clinic or hospital to secure proper treatment and to order injection or an anesthesia for my child as named above. I hereby state that my child is free from all communicable diseases, has not been treated for any such disease within the past six months, and has received all required immunizations.

SIGNATURE OF PARENT/ GUARDIAN

DATE

NOTE: Countryside YMCA or local new paper may take pictures during the event, if you do not wish to have your or child's picture, please let staff know during registration.

YMCA Hold Harmless and Medical Release form MUST be signed to participate.

Please call 513.932.1424 X 233 if you have any questions.