



**MAC/BFF PARENT'S NIGHT OUT**

**Registration Form**

ONE FORM PER CHILD, PLEASE

**Child Information**

Childs Name: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Nickname(s)\_\_\_\_\_

Parent Name: \_\_\_\_\_

Cell: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Special Instructions**

Allergies: \_\_\_\_\_

Epi Pen provided (YES)\_\_\_\_(NO)\_\_\_\_\_

Does your child have any special needs? (YES)\_\_\_\_(NO)\_\_\_\_\_

*Please Explain if Yes.*

\_\_\_\_\_  
 \_\_\_\_\_

Other Instructions: \_\_\_\_\_  
 \_\_\_\_\_

**Parents Night Out Fees:**

Montana Athletic Club Members	<b>First Child - \$30</b> Second Child 25% off Each additional 50% off *Immediate Family Members	2 <sup>nd</sup> Child <b>\$22</b>	3 <sup>rd</sup> <b>\$15</b>		
Non-Members	<b>First Child - \$35</b> Second Child 25% off Each additional 50% off *Immediate Family Members	2 <sup>nd</sup> Child <b>\$26</b>	3 <sup>rd</sup> <b>\$18</b>		



### Pick-Up Authorization

I give the following individuals permission to pick up my child. I understand that I **MUST** give authorization either in person or by phone each and every time my child is picked up by an authorized adult. \_\_\_\_\_ (initial)

Pick Up Name	Relationship to Child	Phone

### Emergency Contact

In the event of an emergency and we are unable to reach the parent/guardian listed on these forms, I authorize the following physician or health care facility to be contacted. \_\_\_\_\_ (initial)

Name	Address	Phone

### Consent for Medical Treatment

***In the event of a serious emergency, we will dial 911***

In the event I cannot be reached, or (Authorized Representative to act as an agent for me), I give my permission for the Montana Athletic Club to provide basic first aid to my child as reasonably appropriate, however, I understand that the Montana Athletic Club shall not be required to strictly follow those guidelines when, in its judgment, circumstances may require otherwise. \_\_\_\_\_ (initial)

In the event that the Montana Athletic Club in its sole discretion, believes that my child needs more advanced care, and the emergency contact from above cannot be reached; I consent to dental, medical, surgical, and/or hospital care, treatment, and/or procedures to be performed for my child by a licensed dentist, physician, ambulance attendant/emergency medical technician, or other licensed health care provider (collectively, "Health Care Professional") associated with a licensed treatment facility when deemed necessary or advisable by the Health Care Professional to safeguard my child's health. I waive my right of informed consent to such treatment. \_\_\_\_\_ (initial)

I also give my permission for my child to be transported by ambulance to an emergency center for treatment. I certify my child is in excellent health and physical condition and has no medical, psychological, physical or mental condition which has not been disclosed to the Montana Athletic Club



on the registration form. My child does not have any infectious, contagious or communicable diseases. In the event my child is in need of emergency care, I do not require that the following physician or hospital be contacted. The information provided below is for informational purposes only. \_\_\_\_\_

**(initial)**

I consent to my child being taken to the treatment facility recommended by the Health Care Professional attending my child. \_\_\_\_\_ **(initial)**

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Release of Liability**

I represent that I am the parent or legal guardian of the child designated on this registration form. I, on behalf of myself, my spouse, and the child designated on the registration form (my "child"), hereby waive and release all rights, causes of action and claims against Montana Athletic Club, its Officers, Directors, Agents, and Employees and all of its affiliates, including Kid's Fitness Instructors Kimberly Brown and Joe Brown, for any loss, expense, damage or injury suffered by my child during the time my child is visiting the Montana Athletic Club, including the possible negligence of the Montana Athletic Club, but excluding gross negligence and intentional misconduct. I understand that the provision of child care contains risk of injury to persons and damage to property, and that by signing this release I engage the Montana Athletic Club to provide temporary childcare for my children at my own risk. I have been given an opportunity to inspect the premises of Montana Athletic Club and found that it is safe and satisfactory for my child. I also have been given the opportunity to ask questions and obtain answers to my satisfaction regarding any and all aspects of Montana Athletic Club and this Release. By signing this Release, I have not relied on any promises or statements made by the Montana Athletic Club or its employees other than those contained in written information supplied to me by the Montana Athletic Club. I understand this Release will be kept on file at the Montana Athletic Club and will continue in effect for this and any future visits my Child may make to the Montana Athletic Club. I have read the above carefully and fully understand the content and consequences of this agreement and agree to abide by and be bound by the above policies and procedures and release.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name:** \_\_\_\_\_