



# PARENTS NIGHT OUT @ BOCC DREAM CENTER

## PNO Registration Form

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Additional Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother \_\_\_\_\_ Cell \_\_\_\_\_

Father \_\_\_\_\_ Cell \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency phone during Parents Night Out \_\_\_\_\_

Any Food Allergies/Medical Conditions  
\_\_\_\_\_

Please list the names of any children your child would like to be paired with:  
\_\_\_\_\_

### ACKNOWLEDGE OF RISK AND WAIVER OF LIABILITY

I hereby consent to my child(s) participating in the programs of Dream Center. I understand that injuries can occur and risk is involved in any athletic activity for my child. I further agree that BOCC Dream Center, along with the employees, agents, officers, and directors of BOCC Dream Center shall not be liable for any losses or damages occurring as a result of my child's participation in activities, except where such loss or damage is the result of the intentional or reckless conduct of one of the organizations or individuals identified above. This acknowledgment of RISK AND WAIVER OF LIABILITY has been read and is signed voluntarily.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_