



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# HOLIDAY HOOPLA KID'S NIGHT OUT HOLIDAY HELPER

**SATURDAY, DECEMBER 12<sup>TH</sup>**

**4:00-10:00PM**

**MEYER CENTER**

Parents take this opportunity to finish (or start) your holiday shopping while your kids enjoy an evening of fun-filled "Holiday" activities. Some of the activity options will include: roller skating, open gym, rock wall, gymnastics, games & crafts, and more. Dinner and snack will be provided at the YMCA for all participants. Spots are limited; pre-registration is strongly encouraged. (This program is designed for children currently enrolled in grades K-5th).

**EARLY BIRD REGISTRATION PRICE PER CHILD: MEMBERS \$25 • NON-MEMBERS \$35**

**EARLY RESIGTRATION DEADLINE IS FRIDAY, DECEMBER 11<sup>TH</sup>**

**AT THE DOOR REGISTRATION: MEMBERS \$35 • NON-MEMBERS \$45**

**SIBLING DISCOUNT: \$5 OFF ANY OF THE ABOVE LISTED RATES PER SIBLING**

**REGISTRATION FORMS AVAILABLE AT BOTH THE ESIC & MEYER CENTERS**





# REGISTRATION FORM FOR KID'S NIGHT OUT COMPLETE ONE FORM FOR EACH CHILD ATTENDING

## HOLIDAY HOOPLA!

(DESIGNED FOR CHILDREN CURRENTLY ENROLLED IN GRADES K-5)

**Saturday, December 12<sup>th</sup> • Edwardsville YMCA Meyer Center • 4:00 – 10:00pm**

**Drop off / Pick up location: Lobby**

**Pre-registration deadline is Friday, December 11, 2015**

**Spots are limited; pre-registration is strongly encouraged**

**Fee If Registered Before Or On The Deadline: Members \$25 • Non-members \$35**

**Walk-in Registration: Members \$35 • Non-members \$45**

**Discount Per Child For Siblings: \$5 off of any of the above rates**

**THIS EVENT INCLUDES PHYSICAL ACTIVITIES; please have children wear tennis shoes & socks.**

**Participant's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Phone Number that we can reach you during Kid's Night Out Event:** \_\_\_\_\_

**Person(s) Authorized To Drop-off/Pick-up Your Child:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**In Case Of Emergency Please Contact:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Hone Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Medical Information:**

**Please list any allergies, medical problems or physical ailments the child may have:**

**Special Needs:**

**Please list any special assistance your child may require:**

**I understand that I will be notified in case of an accident or illness to my child and I will make arrangements for medical care of my child with the physician or hospital of my choice.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Total Amount Received:** \_\_\_\_\_ **Circle Method:** Check Cash Card **Date Paid:** \_\_\_\_\_

**Staff Initials:** \_\_\_\_\_ **Codes: (2FPHOLH\_1ST) (2FPHOLH\_SIB)**