

Join the City of San Luis Obispo Parks and Recreation Department for:



Kids' Night Out

Friday, April 23

6:30 p.m. to 9:30 p.m.

Ludwick Community Center

864 Santa Rosa Street, San Luis Obispo

Children's Services staff will provide a "Kids' Night Out" for all children in Kindergarten through sixth grade. This special evening, "Music Mixer," will be complete with dancing, music, Karaoke, fun crafts, exciting games, and special Musical Guests! Families can also have a "night out" with assurance that the children are in a safe and supportive environment.

\$15.00 per child

includes pizza dinner

(Dinner served between 7 pm and 7:30 pm)
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How To Register:

1. Complete the Registration Form..

(located on the back of this flyer)

2. Return the completed Registration Form

AND payment...at the door, on the night of the event

Walk-ins are welcome.

For more information call 781-7447



Opinions Matter.
SLORECSURVEYS.org



The City of San Luis Obispo is committed to include people with disabilities in all of its services, programs and activities. TDD (805) 782-7410.

Kids' Night Out: Music Mixer

REGISTRATION FORM, WAIVER & LIABILITY RELEASE

Name of Child: _____

Program Site: Kids' Night Out, April 23, 2010 at Ludwick Community Center, 864 Santa Rosa Street

For the Parent/Guardian: I, the undersigned, understand that Kid's Night Out, sponsored by the San Luis Obispo Parks and Recreation Department, involves physical activity, that accidents can occur during Kids' Night Out, and that participants in this or any physical activity can suffer serious injury or death. I further understand that while Parks and Recreation Staff may be trained in basic first aid and CPR, they are not medical professionals and are not trained to diagnose, monitor or treat chronic or acute medical conditions, whether preexisting or caused by participation in Kids' Night Out. Nevertheless, I, ON BEHALF OF THE ABOVE-MENTIONED MINOR (hereafter "Minor") AND FOR MYSELF, HEREBY ASSUME THESE RISKS OF PARTICIPATING IN THE ABOVE-MENTIONED SPECIAL EVENT.

In return for allowing Minor to participate I, on behalf of Minor and for myself, hereby waive, release, and discharge any and all claims for damages for death, personal injury, disability or property damage of any kind which may hereafter accrue to Minor or myself as a result of his/her participation in this activity. This release is expressly intended to discharge in advance the City of San Luis Obispo and its employees, agents, and volunteers from and against any and all liability arising out of or connected in any way with Minor's participation in this activity. **THIS WAIVER AND RELEASE WILL APPLY EVEN THOUGH LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF THOSE DISCHARGED INCLUDING THEIR EMPLOYEES, AGENTS, AND VOLUNTEERS, AND INCLUDING GROSS NEGLIGENCE TO THE EXTENT THAT SUCH WAIVER AND RELEASE IS PERMITTED BY CALIFORNIA LAW.** This Waiver and Liability Release shall apply to Minor and myself, as well as any of our heirs, executors, or administrators. By my signature below, I hereby certify that I am the parent or legal guardian of Minor and that I am acting in that capacity. Further, I acknowledge that I have read this document and understand its contents.

For the Parent/Guardian: I, the undersigned, acknowledge that the San Luis Obispo Parks and Recreation Department sponsors the above-named activity and realize that **NO MEDICAL INSURANCE IS PROVIDED**. I, the parent/guardian of the above named minor, hereby approve his/her participation in the above mentioned activity. Further, I consent to emergency medical treatment for this minor should the need arise. I expect that the activity supervisors will make an effort to contact me, time permitting, before any treatment other than minor first aid is administered. I hereby grant permission to the employees of the City of San Luis Obispo Parks and Recreation Department to include pictures and/or video of my children taken during department activities, in any future brochures or other publicity developed by the department or by the media. I understand that I will not receive compensation for the use of the pictures.

Signature of Parent/Guardian

Parent/Guardian Name (Print)

Date

Child's Information:

Parent/Guardian Name: _____ *E-mail address: _____

Address: _____ City: _____ Zip Code: _____

Home Phone #: _____ Parent's/Guardian's Work #: _____

Parent/Guardian Name: _____ *E-mail address: _____

Address: _____ City: _____ Zip Code: _____

Home Phone #: _____ Parent's/Guardian's Work #: _____

**e-mail addresses will be used for Parks and Recreation purposes only, addresses will not be shared with other groups or organizations.*

Name of Individual(s) who will be picking child up from event): _____

(Anyone picking up child will be asked to show picture identification.)

Asthma: Yes _____ No _____ **Diabetes:** Yes _____ No _____ **Epilepsy:** Yes _____ No _____

Tri-Counties Regional Center consumer: Yes _____ No _____ **Allergies:** _____

Physical Limitation: _____ **OTHER:** _____

Emergency Contact:

1. _____

Name	Phone	Address	Relation to Child
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2. _____

Name	Phone	Address	Relation to Child
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