



# CFABC PARENTS NIGHT OUT

Fun for the kids, and a night out for you!! Go shopping, on a date, company Christmas party, wrap gifts, or just relax!

## Saturday December 9th

6:00-10:00 PM

\$20 for one child

\$30 for two children

\$25/35 at the door

\* All proceeds will go to the CFABC.

\* Children must be between 5-12 years old.

A fun night for kids at the school! Games and crafts, plus a movie will be shown. High school student volunteers, CFABC parents will supervise.

**We will have food and drinks for the kids**

**Reserve your space:** Space is limited to first 100 children.

Completed forms and payment can be turned in to the Cy Falls Athletics Secretary's office to hold your spot.

**Checks should be made out to CFABC**

**You can also go online and signup at [cyfallsathletics.com/pno](http://cyfallsathletics.com/pno)**

\* \* \* \* \*

Parent(s) name(s): \_\_\_\_\_

Cell phone (for emergency contact that evening): \_\_\_\_\_

Email: \_\_\_\_\_

Child's name \_\_\_\_\_ Age \_\_\_\_\_

Child's name \_\_\_\_\_ Age \_\_\_\_\_

Child's name \_\_\_\_\_ Age \_\_\_\_\_

Child's name \_\_\_\_\_ Age \_\_\_\_\_

**Food allergies with name of child:**

### **Liability Waiver – Must Be Signed By Legal Guardian.**

I, the undersigned, being the parent or legally authorized guardian of the above mentioned child/children, agree to hold Cypress-Fairbanks I.S.D., Cy-Falls High School, Administration and/or Faculty, and the Cy-Falls Athletics Booster Club, harmless from all liability for any injuries which my child may receive while participating in the CFABC Parents Night Out.

I acknowledge that any children I register must be able to use the restroom independently.

I recognize that in the event my child's behavior becomes severely disruptive, unsafe, or my child does not respond to intervention, I will be called to pick up him/her immediately.

I recognize that I may not arrive to pick up my child smelling of alcohol and/or displaying erratic behavior.

I give permission for my child to be included in photos and/or videos for training and marketing.

I recognize that all fees are non-refundable and non-transferable after the deadline.

In the event I cannot be reached to make arrangements for emergency medical attention, I authorize the facility staff or person in charge to take my child to the nearest medical facility. I give consent for this facility to secure any and all necessary emergency medical care for my child.

I also understand that I will be responsible for any charges that occur because of this.

By signing the space below, you are certifying that all information is correct and that you acknowledge all of the above statements.

**Signature of Legal Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print name of Guardian:** \_\_\_\_\_