

# GIRLS NIGHT OUT

# OVERNIGHTER



## AT THE Y

## April 26-27

Grades 3-7

**Activity Center • FRI, 8PM – SAT, 8AM**

**Come and enjoy an evening with just the girls with games, activities, movies, dancing and excitement!**

Y Member \$20, General Public \$25  
**(Add \$5 if registering after April 24)**

**\*\* Proceeds assist Y Teen Programs \*\***

**Register at the YMCA Front Desk**

For more information, please contact:  
**Tiffany Praeger** Camp & Teen Director  
**E** [tpraeger@spymca.org](mailto:tpraeger@spymca.org) **P** 715 342 2980

**Please bring:** Swimsuit, towel, tennis shoes, sleeping bag & plenty of energy!

**The Y provides:** Gym & pool activities, late night pizza, dance party, late night movies, donuts at dawn, crafts, prizes, fun and much more!



**Stevens Point Area YMCA  
PARENT/GUARDIAN CONSENT/RELEASE FORM  
GNO Overnighter – April 26-27, 2019 Grades 3-7**

**Contact: Tiffany Praeger, Youth & Teen Director, 715.342.2980 ext. 326**

\_\_\_\_ **P/G Initials** I hereby certify that my child is in good health and capable of safe participation, and can participate in the YMCA GNO Overnighter, Friday @ 8:00pm – Saturday @ 8:00am, April 26-27, 2019.

\_\_\_\_ **P/G Initials** I understand and acknowledge that the activity in which my child is about to participate in has inherent risks. I agree that my child's voluntary participation in this YMCA activity shall be undertaken at his/her sole risk, and that the YMCA, its directors, employees, and volunteers shall not be liable for any claims, injuries, damages, losses, illness, diseases, death, actions or causes of action whatsoever, to my child and his/her property, arising out of or connected to participation in this program.

\_\_\_\_ **P/G Initials** In the event that I or emergency contact listed below cannot be reached in an emergency, I give my consent for YMCA staff to act in my behalf in granting permission for my child to receive emergency treatment. I will be responsible for the payment of any and all medical services rendered.

\_\_\_\_ **P/G Initials** I give my permission for the YMCA or other media to use photographs, slides, and/or videotapes of my child for promotional purposes.

\_\_\_\_ **P/G Initials** Participants with special needs or challenges will be accepted provided that reasonable accommodations can be made for their participation in the program and/or their participation does not require an inordinate amount of staff time. I understand that if my child or I requires an unusual amount of one to one attention, whether due to special needs or behavior, my child may be denied or removed from the program without refund.

**Participant Name** \_\_\_\_\_ **Birth Date** \_\_\_\_\_ **Grade** \_\_\_\_\_ **M or F**

**Participant Address** \_\_\_\_\_  
Street City State Zip

**Parent/Guardian Name(s)** \_\_\_\_\_