

# Parents' Night Out

SPRING 2010 | March, April, & May



PETALUMA VALLEY  
ATHLETIC CLUB

For boys & girls, ages 3 & up.

## Parents' Night Out

Enjoy a night out while your kids enjoy a night in! Treat yourself to a dinner out or a quiet evening together while your kids have fun meeting new friends, playing organized games, making special art projects, and ending the night with a G-rated movie that everyone will enjoy! Snack and beverage provided.

Dates: **March 19 / April 23 / May 21**

Day/Time: **Fridays 6:00pm – 10:00pm**

Fee: **\$20 first child / \$15 for additional siblings**

\$25 first child non-member / \$20 for additional siblings non-member

### REGISTRATION: PLEASE PRINT CLEARLY.

CHILD NAME (LAST)	(FIRST)	DATE OF BIRTH (MM/DD/YYYY)	CHILD PVAC MEMBER #:	<input type="text"/>
SECOND CHILD NAME (LAST)	(FIRST)	DATE OF BIRTH (MM/DD/YYYY)	CHILD PVAC MEMBER #:	<input type="text"/>
THIRD CHILD NAME (LAST)	(FIRST)	DATE OF BIRTH (MM/DD/YYYY)	CHILD PVAC MEMBER #:	<input type="text"/>

HOW DID YOU HEAR ABOUT PARENTS' NIGHT OUT AT PVAC?

PARENT NAME (LAST)	(FIRST)	HOME PHONE	WORK/DAYTIME PHONE	CELL/PAGER
ADDRESS (STREET)	(CITY)	(ZIP)		

EMAIL (PARENT/ADULT) - **FOR PROGRAM UPDATES AND INFORMATION.**

**+ STOP! PLEASE SIGN THE MEDICAL CONSENT AND RELEASE OF LIABILITY ON REVERSE SIDE ►►**

### ENROLLMENT: PLEASE INDICATE THE SESSION(S) IN WHICH YOUR CHILD WILL BE ENROLLED.

	Days/Times	Fee	+ each Additional Sibling Fee
<b>MARCH 19</b>	<input type="checkbox"/> Friday, 6:00pm – 10:00pm	\$20 Member / \$25 Non-Member	\$15 Member / \$20 Non-Member
<b>APRIL 23</b>	<input type="checkbox"/> Friday, 6:00pm – 10:00pm	\$20 Member / \$25 Non-Member	\$15 Member / \$20 Non-Member
<b>MAY 21</b>	<input type="checkbox"/> Friday, 6:00pm – 10:00pm	\$20 Member / \$25 Non-Member	\$15 Member / \$20 Non-Member

**CANCELLATIONS ACCEPTED A MINIMUM OF 72 HOURS IN ADVANCE (TUESDAY EVENING).**

### PAYMENT: PLEASE INDICATE TOTAL PAYMENT DUE AND METHOD OF PAYMENT BELOW.

**TOTAL PAYMENT DUE: \$**

CASH       CHECK # \_\_\_\_\_

CHARGE PVAC ACCOUNT # \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

OFFICE USE ONLY

For more information, call 789-9898 or visit us online at [www.pvac.com](http://www.pvac.com)!

**MEDICAL CONSENT** FOR NEW PARTICIPANTS ONLY. RETURNING PARTICIPANTS must contact FRONT DESK to confirm record on file.

CHILD NAME (LAST)	(FIRST)			
SECOND CHILD NAME (LAST)	(FIRST)			
THIRD CHILD NAME (LAST)	(FIRST)			
PARENT NAME (LAST)	(FIRST)	HOME PHONE	WORK/DAYTIME PHONE	CELL/PAGER
PARENT NAME (LAST)	(FIRST)	HOME PHONE	WORK/DAYTIME PHONE	CELL/PAGER
EMERGENCY CONTACT (LAST)	(FIRST)	HOME PHONE	WORK/DAYTIME PHONE	CELL/PAGER
PHYSICIAN/HMO	MEDICAL #	PHONE		

Are there any allergies, medical conditions, or special needs of which we should be aware? YES  NO

If YES, please explain: \_\_\_\_\_

I authorize Petaluma Valley Athletic Club or his/her authorized agent to consent to any medical treatment and/or hospital care, which is given to my child, listed above.

PARENT'S SIGNATURE: \_\_\_\_\_ DATED: \_\_\_\_\_

**RELEASE OF LIABILITY**

I, the undersigned, recognize that the use of the equipment and the facilities of Petaluma Valley Athletic Club involves a risk of physical injury, including that caused by the negligence of myself, my child whose name is listed above, and Petaluma Valley Athletic Club, its agents and employees. I hereby agree to assume the risk of injury in its entirety regardless of the cause.

I agree to assume the risk in my own and my child's participation in any activity, class, program, instruction, or Petaluma Valley Athletic Club sponsored event. I agree that my child or I engage in any physical exercise or activity or use any Petaluma Valley Athletic Club facility or any of its affiliates or related entities, we do so at our own risk and assume the risk of any and all injury and/or damage while engaging in any physical exercise or activity or use of any club facility on the premises.

I agree that my child and I are voluntarily participating in the aforementioned activities and voluntarily using the Petaluma Valley Athletic Club facilities. I agree to assume the risk of injury, illness, damage, or loss to me or my child or our property that might result, including, without limitation, any loss or theft of any personal property, injuries or damages that might result from the negligence of Petaluma Valley Athletic Club or any of its affiliates, employees, agents, representatives, successors, and assigns.

By signing this consent form, I agree that my child is in good physical condition and there is nothing preventing them from engaging in active or passive exercise or from any activity or service offered by Petaluma Valley Athletic Club. I agree to allow my child to participate in all Petaluma Valley Athletic Club activities. **I allow for photograph taken, while at the club, to be used for marketing purposes unless otherwise indicated in writing prior to publication of the images.**

I agree on behalf of myself and all of my personal representatives, heirs, executors, administrators, agents and assigns to release and discharge Petaluma Valley Athletic Club and its affiliates, employees, agents, representatives, successors, and assigns from any and all claims or causes of action known or unknown arising out of the negligence of Petaluma Valley Athletic Club or any of its affiliates, employees, agents, representatives, successors, and assigns. I further expressly agree that the foregoing release of liability agreement is intended to be as broad and inclusive as permitted by the law in the State of California and that if any portion thereof is held invalid, it shall nevertheless remain in full legal force and effect.

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS **RELEASE OF LIABILITY** AND FULLY UNDERSTAND THAT IT IS AN ASSUMPTION OF RISK AND INDEMNITY AGREEMENT. I AM AWARE AND AGREE THAT BY EXECUTING THIS **RELEASE OF LIABILITY**, I AM GIVING UP MY RIGHT TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST PETALUMA VALLEY ATHLETIC CLUB OR ANY OF ITS AFFILIATES, EMPLOYEES, AGENTS, REPRESENTATIVES, SUCCESSORS, AND ASSIGNS FOR ITS NEGLIGENCE OR FOR ANY DEFECTIVE PRODUCT ON ITS PREMISES. I HAVE READ AND VOLUNTARILY SIGNED THE **RELEASE OF LIABILITY** AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE.

PARENT'S SIGNATURE: \_\_\_\_\_ DATED: \_\_\_\_\_