

Kids Night Out Friday March 24th
\$20 per child if registering prior to March 24th, \$25 the day of

Please Print Clearly

Child's Name _____ Age _____ DOB _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Mom/Dad Phone (circle one) _____ Other # _____

Email _____

Please list any person(s) other than Parent/Guardian who is approved to pick up your child

Medical Concerns or needs _____

Photo Release- I grant permission for First Coast Center for the Arts Inc. and its agents or employees to use photographs and/or video for use in promotional and educational materials such as brochures, newsletters, advertisements and magazines, and to use such photographs in electronic versions of the same publications or on First Coast Center for the Arts Inc. website or other electronic forms of media, and to offer them for use or distribution. _____
(Initial if yes or write decline if no)

*Kids Night Out **non-refundable** fee is due with
registration.

CC# _____

Exp Date _____ Zip Code _____ CVC# _____

Printed Name _____

Signature _____

Date _____

By signing, you are authorizing FCCA to withdraw your non-refundable fee at the time of registration.

Medical Release and Waiver of Liability

Application will not be complete until this form is signed and returned. I certify that my child is in good physical condition and can participate in the scheduled activities. I grant permission for the director of First Coast Center for the Arts Inc. to act for me according to their best judgment in any emergency requiring medical attention. The undersigned releases and discharges First Coast Center for the Arts Inc., and all employees exercising reasonable care within their scope of employment, from liability for any known and unknown, foreseen and unforeseen personal injuries.

Signature of Parent or Guardian

Date

Office Use Only

Total Amt Due _____ Date Paid _____