



# Parents Night Out Registration Form

W482 Clinton Rd., Sherwood, WI

Parent/Guardian Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

Home Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Best Phone # to reach you: \_\_\_\_\_ Alt. Contact Phone #: \_\_\_\_\_

Do you authorize the person in charge to call 911 in an emergency were to occur?

Circle one: YES NO

Does your child have any allergies or special needs that we need to be aware of:

Circle one: YES NO

If yes to the above question please list below:

Do you authorize any other adults to pick up your participants:

Circle one: YES NO

If yes please provide the name(s):

\_\_\_\_\_

All participants must be pre-registered. Cost is \$15.00 for first child and \$10.00 for each additional. Payments must be made with registration. Checks can be made payable to the Village of Sherwood. By signing up you are acknowledging the guidelines provided and also authorizing the Village of Sherwood to take pictures that may be utilized for promotional items.