



Harvey Browne Parents' Night Out

Saturday, November 10

5:00-9:00 p.m. in Eline Hall



Children will enjoy supervised playtime, crafts, and time to “relax.” This will be a pajama party, so kids can come in their PJs. This event will be a fundraiser for the youth. Cost: \$15 per child: \$30 per family. Children from 6 months through fifth grade are welcome. Pizza will be served. Please fill out a registration form, for each child, below. Return the completed form and registration fee (checks made payable to: Harvey Browne) to Terry Hargrave by Wednesday, **November 7**. If you have questions, please contact Terry at terryhargrave@hbpres.net.

Registration Form

Child's Name _____ Gender _____

Address _____ Zip Code _____

Phone _____ Date of Birth _____ Age _____

Parent/Guardians Name _____

Email address _____

Cell Phone Numbers _____

Emergency contact & phone number _____

Family Physician _____ Phone Number _____

Insurance _____ Policy # _____ Policy Holder _____

Allergies _____

Medications child is taking _____

Other important information _____

Emergency Treatment Authorization: In case of a medical emergency involving the minor listed above, I request the doctor/dentist/hospital staff to contact me, or my spouse, at the numbers provided. If I, or my spouse, cannot be reached, I grant written permission for the adult in charge or a designee, to transport my child for medical care or call EMS. I also grant the adult in charge or the designee to authorize the appropriate medical/ dental/hospital personnel to render emergency medical treatment deemed appropriate. I (we) agree to pay for the treatment or medication received by the said child, and release Harvey Browne Memorial Presbyterian Church and its staff and volunteers from all claims or liability arising from said emergency treatment.

Signature _____ Date _____

Please sign below to allow photographs of your child(ren) taken during HBPres activities to be posted on our website or in our newsletter. A name will not be attached to your child's photograph.

Amount Paid _____ Check # _____