



PARENTS NIGHT OUT...

KIDS FUN NIGHT!

Parents, are you looking for a quiet “kid-free” evening at home, a romantic dinner, a chance to do some shopping or see a “grown-up” movie? Parents Night Out is DHHS’s healthy alternative to babysitting! Your child will have a blast making crafts, playing games, watching movies, and hanging out with friends or meeting new ones while you spend a night on the town! Our caregivers are experienced and know American Sign Language. Enjoy a night out knowing your child is in a fun, safe and supervised environment!



WHO: Children who are Deaf, Hard of Hearing, have Special Needs, and their Siblings

Ages: 3-12, must be potty trained

WHEN: Saturday, November 23, 2013
6-9pm

Children must be picked up by 9:00

WHERE: Deaf and Hard of Hearing Services
4328 Kalamazoo Ave SE
Grand Rapids, MI 49508

COST: 1st Child - \$20, additional children - \$5 each

** includes a light snack and craft to take home*

*** if cost is a factor there may be a one-time partial sponsorship available*



Mom and Dad!

You deserve some time off!
Drop us off at DHHS for a
fun, safe evening while you
enjoy your time away.

Registration and payment must be received by Wednesday, November 20, 2013

Send to:

Deb Atwood

Deaf and Hard of Hearing Services

4328 Kalamazoo Ave. S.E.

Grand Rapids, MI. 49508

Register by Phone:

voice-616.732.7358

video-616.828.0186

fax-616.732.7365

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Registration Form

Child's Name _____ Age _____
Child's Name _____ Age _____
Child's Name _____ Age _____
Mother's Name _____ Father's Name _____
Address: _____
Email: _____
Cell Phone: _____ Home Phone: _____
Phone number of where you can be reached this evening in case of emergency: _____
Child's Allergies: _____
Medications or Medical conditions we should be aware of _____
Emergency contact/ Phone number/ Relationship to child: _____

In case of emergency, every effort will be made to contact you first. It is imperative that we have your permission to call 911 and obtain emergency transportation to the hospital for your child, should this become necessary.

I, _____, give my permission for emergency medical treatment as stated above for my child during his/her time at Deaf and Hard of Hearing Services. I will accept responsibility for all charges.

Parent Signature: _____ Date: _____

Agreements and Releases: Check each box and initial on the line to indicate you understand and agree to every clause.

☐ **General Waiver and Release** _____

Please be aware that by participating, you will be waiving and releasing all claims for injuries you may sustain arising out of program participation.

As a participant in the program, I and my child(ren) recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, property damage/loss which the child(ren) may sustain as a result of participating in any and all activities connected with or associated with Deaf and Hard of Hearing Services' KidSigns program. I agree to waive and relinquish claims I or the child may have as a result of participating in the program against Deaf and Hard of Hearing Services.

I understand that reasonable attempts at care and keeping child(ren) safe from harm will be taken.

In addition, I understand that I am waiving all claims for compensation.

☐ **Hearing Aid/Assistive Listening Device (HA/ALD) Responsibility Release** _____

I hereby agree and consent not to hold Deaf and Hard of Hearing Services for liability of hearing aid/assistive listening devices (including cochlear implants, watches, hearing aids, etc) losses or damage that may occur during the time the child(ren) is(are) involved at any event sponsored by Deaf and Hard of Hearing Services.

I understand that reasonable attempts at care and keeping hearing aids, cochlear implants and other ALDs safe from harm will be taken. I agree to hold Deaf and Hard of Hearing Services harmless for such use.

In addition, I understand I am waiving all claims for any compensation.

☐ **Media Release (Photo/Video)** _____

I hereby agree and consent to the use of the child(s) image and/or voice for advertising, educational and publicity purposes by Deaf and Hard of Hearing Services. I agree to hold Deaf and Hard of Hearing Services harmless for such use.

In addition, I understand that I am waiving all claims for any compensation. By signing below, I hereby agree to the release form. If you have any questions, contact DHHS at 616-732-7358 ext. 202 or datwood@deafhhs.org.

Signature of Parent or Legal Guardian

Date