

CALLING ALL BOYS & GIRLS



North Cheer presents:

KIDS NIGHT OUT

Parent's Night Off

When: Friday, December 17th

Time: 5:30-9:00 (Drop off between 5:30-6:00)

Suggested Ages: 5-12

Fee: \$30 first child, \$25 second child, \$60 three or more

Where: North Hunterdon High School in Gold Gym

Registrations due by Monday December 13th.

Early Bird Registration due by Monday December 6th.

\$5 discount with early bird registration.

PIZZA ~ DRINKS ~ SNACKS

GAMES ~ CRAFTS~ MOVIE

Wear your PJs & Bring your blanket & pillow

If your child will be joining us for pizza – please drop off by 6:00

We have a fun-filled night planned, pizza will not be served past 6:20.

QUESTIONS PLEASE EMAIL: northhunterdonlco@gmail.com



KIDS NIGHT OUT - PARENTS NIGHT OFF

December 17, 2021

NAME OF CHILD: _____ AGE: _____

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PARENT/GUARDIAN: _____ PHONE: _____

PARENT/GUARDIAN EMAIL: _____

EMERGENCY CONTACT: _____ PHONE: _____

Insurance Carrier: _____ Policy Number: _____

Primary Dr: _____ Dentist: _____

Hospital Preference: _____

LIABILITY RELEASE: I, the undersigned, individually and as a parent and/or guardian of (see Child(ren)'s name above), a minor, as the he/she be admitted to participate in the Kids Night Out sponsored by the North Hunterdon Lions Cheer Organization (LCO). I do hereby agree to release, discharge and hold harmless the NHHS LCO, NHHS, coaches, clinicians, employees and members from causes, liabilities, damages, claims or demands whatsoever on account of injury or accident involving said minor(s) arising of the minor(s)'s attendance at the Kids Night Out or in the course of activities help in connection with the NHHS LCO at North Hunterdon High School.

I Certify that my child(ren) is in good physical condition and has my approval to participate in this Kids Night Out.

X: _____ Date: _____

Parent/Guardian Signature

IMAGE RELEASE: I hereby grant permission to NHHS LCO to use images of my child(ren) on their social media accounts.

X: _____ Date: _____

Parent/Guardian Signature

My child(ren) would like pizza: YES or NO How many slices: _____

Gluten Free: YES or NO

Allergies: YES or NO Allergies: _____

PLEASE ENCLOSE A CHECK PAYABLE TO: NHHS LCO

MAIL TO: NHHS LCO, 11 White Oak Drive, Asbury, NJ 08802

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