



CoPA Parent's Night Out Registration Form

Child's Name _____ Age _____

Sibling's Name _____ Age _____

Sibling's Name _____ Age _____

Contact Information

In the event we will need to contact you while your child is in our care, please provide your contact information.

Parent's Name: _____ Contact #: _____

If parents cannot be reached, emergency contact:

Name _____ Relation _____

Contact # _____

Any special instructions, allergies, or needs that your child may have:

Waiver/Release Form

I _____ hereby agree to have my child/children _____ participate in the parents' night out event hosted by Centre of Performing Arts with the understanding and agreement that I release the Centre of Performing Arts from any and all liabilities arising from my child's participation. I have read and understand the guidelines and conditions of the Waiver/Release Form.

Signature (Parent or Guardian) & Date _____

