



Registration Form

PARENTS' NIGHT OUT

Please ensure you read and complete all portions of this registration form.

6900 SW Archer Road Gainesville, FL 32608 Tel: (352) 338-7262 www.okitoamerica.com

Father:

Name: _____

Mother:

Name: _____

Cell. #: (_____) _____

Cell. #: (_____) _____

EMERGENCY CONTACT: (if above cannot be reached)

Name: _____ Telephone: (_____) _____

Relationship: _____

PAYMENT SCHEDULE:

___ One Session - \$25 DATE: _____ 6:00 PM TO 8:00 PM

Method of payment: ___ Check ___ VISA ___ MasterCard ___ Cash ___ ON FILE

Credit Card # _____ Expiration Date _____ CVV: _____

Billing Address: _____ City: _____ ZIP CODE: _____

Participant's Name: _____

Birth date: _____

Does the participant have any allergies? Yes _____ No _____

If yes, what are they allergic to? _____ Does this allergy require an epi-pen _____

Are there any activity restrictions while at Okito America? _____

Are there any behavior/special considerations that we should know about to better facilitate their experience?

CHECKLIST: Please read the following carefully to ensure that your Registration is processed correctly.

I hereby give consent for my child to participate in the full Okito America program and all activities unless I advise you in writing. I give permission for Okito America Parents' Night Out to use any photograph my child is in for promotional material. To the best of my knowledge, my child is in good health and I will notify the camp if he/she is exposed to any infectious diseases. I further release and agree to indemnify and hold harmless Okito America and its officers, servants or assigns from any liability concerning our child's involvement in the Okito America programs and further agree that the use of all Okito America facilities is made at the risk of the registrant. In case of surgical emergency, I hereby give permission to the physician selected by the camp director, to hospitalize, to secure proper treatment for and to order injection, anesthesia, or surgery for my child, as named on this form. Every effort will be made to contact a parent/guardian in the case of emergency.

- Full payment is required, **there will be no refunds – no exceptions.**
- I understand that Okito America reserves the right to dismiss a participant who, in their opinion, is a hazard to the safety or rights of others, or who appears to have rejected the reasonable expectations of the Parents' Night Out.
- Charges will appear on your statement under the name OKITO AMERICA.

_____/_____
Parent/Guardian Signature Date