



2019 DATE NIGHT PARENT DROP OFF FORM

REGISTRATION IS LIMITED TO 75 Children ages 6 to 14
Forms must be submitted by 2/8/19
All children must be picked up no later than 10pm

PARTICIPANT'S NAME: _____

AGE: _____ BIRTH DATE: _____

PARENT'S NAME: _____

ADDRESS: _____

PHONE: (HOME) _____ (WORK) _____

(EMERGENCY NUMBER) _____ (CELL) _____

PLEASE SPECIFY ANY EXISTING CONDITION THAT MAY LIMIT THE PARTICIPANT'S ACTIVITY (ALLERGIES, MEDICAL CONDITIONS, INJURIES, ETC) _____

*To receive an accommodation for food allergies, parents must submit a note from a medical authority. *

PLEASE NOTE CITY OF PORT ORANGE STAFF WILL NOT ADMINISTER ANY MEDICATION

MY CHILD MAY ATTEND AND/OR WATCH (PG-13) MOVIES YES _____ NO _____

(AGES 6-9) _____

(AGES 10-14) _____

Open Playground Policy: "This is intended as an event supplement of activities for your child. This is not a day care. We supervise the participants during the time they remain on the site/trip/activity."

Restrictions for leaving the site must be established between the parent and child. You are welcome to visit the site at any time to see if your child is following your instructions."

I HAVE READ THE "OPEN ACTIVITY, PLAYGROUND POLICY."

PARENT SIGNATURE

____/____/_____
DATE



PORT ORANGE GOVT. TELEVISION PRODUCTION RELEASE

I, _____, hereby assign all the rights to the photographs, video,
(Name)

and/or sound recording of my child, _____ during the Date Night Event, Off to the CITY OF PORT ORANGE, FLORIDA. I hereby authorize the performance, display, and reproduction of pictures, video, and sound for Port Orange Government Television (pogTV) without limitation to an educational resource. I hereby waive any right to inspect or approve the finished photographs, video, sound track, and advertising copy or printed material that may be used in conjunction therewith or to the eventual use that might be applied.

I agree that the producers, their employees, and assigns are released from any liability for claims by me or anyone else arising out of my participation or appearance on pogTV.

(Parent/Guardian Printed Name)

(Parent/Guardian Signature)

(Witness Signature)

(Date)

I decline my child, _____ permission to participate in any videos and/or photos while participating in the Date Night Event.

(Parent/Guardian Printed Name)

(Parent/Guardian Signature)

(Witness Signature)

(Date)