

# KID'S NIGHT OUT

## DO YOU OR YOUR KIDS NEED A NIGHT OUT? A TIME TO PLAY, FROLIC and HAVE FUN!

**WHO:** Kids grade K-6

**DATES:** Sept 25; Oct 2, 30; Nov 13, 20; Feb 26; Mar 26; Apr 9, 23

**TIME:** 7:00 pm - 10:00 pm

**DROP OFF AND PICK UP:** Smith College Indoor Track and Tennis Building, glass doors

**DRESS:** Play clothes, sneakers, swim suits & towels etc..

**WHAT:** Supervised sports/games; some nights will include arts and crafts, each night will include swimming when lifeguards are available

**COST: When registration is submitted by noon time on Thursday:**

\$12 1<sup>st</sup> child in each family, \$6 each additional child in the family

\$6 per child of current Smith College students

**Registration after noon time on Thursday:**

\$14 1<sup>st</sup> child in each family, \$7 each additional child in the family

\$7 per child of current Smith College students

**REGISTRATION: Send registration and check to: (checks payable to Smith College)**

Kids Night Out, Kim Bierwert, Ainsworth Gym, Smith College, Northampton, MA 01063

**MORE INFORMATION: call 585-2722**

**\*\*\*\*\*THIS IS NOT A CAMPUS SCHOOL PROGRAM\*\*\*\*\***

**\*\*DO NOT LEAVE THIS FORM AT THE CAMPUS SCHOOL\*\***

**\*\*\*\*\*FORMS ARE ON THE SMITH WEB SITE\*\*\*\*\***

<http://www.smith.edu/athletics/facilities/recreation.html>

**YOU CAN RECEIVE THE FORM VIA EMAIL - SEE BELOW**

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Name: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies/medical conditions: \_\_\_\_\_

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Name: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies/medical conditions: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_ 2<sup>nd</sup> Tel: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Tel: \_\_\_\_\_

I hear-by state that my son/daughter is in good health and may participate in the Smith College Kids Night Out. I also give my permission to a member of the staff to seek medical attention/treatment for my child in the event of an emergency.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date Registered for: \_\_\_\_\_ Total Payment Enclosed: \_\_\_\_\_

LIST YOUR EMAIL TO BE EMAILED A FORM 7-10 DAYS BEFORE EACH KID'S NIGHT OUT:

\_\_\_\_\_ (NEW EMAILS ONLY!!)