

# **Winter Holiday Parents' Night Out!**

Hosted by the AHS Rotary Interact Club

## **What:**

The Allendale High School Rotary Interact Club is once again offering you a chance to get away for the evening while we provide child care for a great deal! Your child will have fun participating in several age-appropriate games, face painting, open gym, craft-making, a movie, and snacks! The children will be cared for and entertained by the high school Interact Club members. Monetary donations will be accepted and will go towards our international service trip and purchasing materials for a house in El Salvador.

## **Who:**

All potty-trained children through 5th grade students are welcome

## **When/Where:**

Friday, Dec. 9, 2022 from 6:00pm – 8:30pm

Evergreen Elementary School

Registration/Drop-off: Enter Door B and continue down the hall to gym area

## **Cost:**

Donations for El Salvador will be accepted.

Please fill out the Parental Waiver and Release on the back side of this sheet and bring it in with you on Friday, Dec. 9 to the event. You will turn this in as you check in.

\*\* Checks can be made out to Allendale High School

If you have any questions, feel free to contact Jason Fogel at 616-892-3156 or [fogeljas@apsfalcons.net](mailto:fogeljas@apsfalcons.net).





## PARENTAL WAIVER AND RELEASE

I desire to leave my minor child(ren), \_\_\_\_\_,  
\_\_\_\_\_ ,  
in the care and custody of Jason Fogel and the Rotary Interact Club of Allendale High School (collectively "my agent"), and I desire to vest in my agent, power to obtain emergency medical treatment for my child.

Special child allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

While my child is in the custody of my agent, my emergency contact information is as follows:

Cell Phone Number: \_\_\_\_\_

If I cannot be reached, my agent will attempt to contact the following Secondary Contact Person and relationship to child:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I understand that in the event of an emergency, my agent will endeavor to contact me at the number shown above. If I cannot be reached, my agent will attempt to contact the Secondary Contact Person identified above. I hold harmless and release my agent and Allendale Public Schools from any and all liability associated with the care of my child, except that the specific party who is my agent, will be individually, but not jointly, responsible for their own intentional acts that knowingly and actually injure my child. I agree to be responsible for any damage or injury caused by my child. I have signed and delivered this Parental Waiver and Release.

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_