

This is not a San Mateo/Foster City School District sponsored event.

Foster City Parks and Recreation Department Presents:

Kids Night Out!



Parents, take the night off and send your child to the VIBE. Foster City Parks and Recreation staff will serve dinner, dessert and plan awesome games to keep your kids entertained all night long. KNO's coincide with the Middle School Dances. Register early at the Recreation Center or online at www.fostercity.org. *Please bring a Medical Release form and dress your child in layers.

Save the Dates!

2008

September 12
October 10
November 14
December 5

2009

January 23
February 20
March 20
April 24
May 15

Location: The VIBE, 670 Shell Blvd. *Location will change to the Mist Rm. during vibe construction in February '09.
Time: 6:00pm-10:15pm
Grade: K-5th
Fee: \$30 1st child/\$15 each sibling (pre-registration)
\$35 1st child/ \$20 each sibling (day of registration)

Registration Form

| Date | 1st Child Act. # | Sibling Act. # |
|--------------|------------------|----------------|
| September 12 | 1821.081 | 1821.082 |
| October 10 | 1821.083 | 1821.084 |
| November 14 | 1821.085 | 1821.086 |
| December 5 | 1821.087 | 1821.088 |
| January 23 | 1821.021 | 1821.022 |
| February 20 | 1821.023 | 1821.024 |
| March 20 | 1821.025 | 1821.026 |
| April 24 | 1821.041 | 1821.042 |
| May 15 | 1821.043 | 1821.044 |

PLEASE RETURN FORM AND PAYMENT TO RECREATION CENTER, 650 SHELL BLVD.

PARTICIPANT: _____ AGE: _____ D/O/B: _____ Act #: _____ FEE: _____

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(Optional) I wish to donate \$1.00 to the Friends of Foster City Scholarship Program: _____

PARENT/GUARDIAN NAME: _____ TOTAL: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME #: _____ WORK #: _____

CELL #: _____ EMAIL #: _____

Recreational Opportunities for Persons with disabilities. Persons with disabilities are welcome to participate in any class or activity offered. If you have any special needs related to participating in an activity, please attach a note to your registration form. We will make reasonable efforts to accommodate your special needs.

I hereby agree to hold the City of Foster City, the Estero Municipal Improvement District, their employees, officers, and program and activity instructors harmless from all liability which may arise as a result of my participation in the above activities. In the event that the above named participant is a minor I hereby give my permission for his/her participation in the above listed activities and also agree to hold the City of Foster City, the Estero Municipal Improvement District, their employees, officers, and program and activity instructors harmless from all liability which may arise from said minor's participation in such activities. I understand that the above named activities may involve risk or accidental injury and hereby voluntarily assume such risks. I/we agree to allow use of my/our photo for program publicity. If the participant is a minor the parent or guardian must sign below.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

I hereby authorize the use of my MasterCard or Visa account.

PRINT NAME AS IT APPEARS ON CARD: _____

Signature: _____

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MC/VISA ONLY***

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Expiration Date

(00/00): _____

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