

Parents, would you like to have a nice quiet dinner out
or just have a quiet evening to yourself?

Have your kids join us for a

Parents Night Out

Sponsored by
Zionsville High School Student Athletic Trainers

When: Saturday February 14th, 2009

Time: 6:00 pm until 9:00 pm

Where: ZCHS Freshman Center Café

Cost: \$20.00 per child if preregistered by 2/10/2009

\$25.00 after 2/10/2009 at the door

Make checks out to ZCHS Athletics and attach check to the registration form. Bring the form the day of or drop it off at the high school athletic office to the attention of Nancy LaFon 626-7019 or Sandi Byle 514-7370.

Please dress kids in play clothes and come for movies, pizza, games, and fun!!!!!!



Parents Night Out Registration Form:

Child's Name: _____

Child's Age: _____

Allergies: _____

Parent's Name: _____

Address: _____

Home Phone Number: _____

Cell/Emergency Number: _____

Emergency Contact name and phone number (other then parent): _____

Insurance Carrier: _____

Hospital Preference: _____

Doctor name and number: _____

As the parent or guardian of _____, I hereby give my permission for him/her to attend Parents Day Out at ZCHS. I understand that neither Zionsville High School nor members of the athletic department or St. Vincent Sports Medicine are responsible for any injuries my child may suffer while attending.

Parent Signature: _____ **Date:** _____