



**Acettes Parent's Night Out Registration Form  
(Saturday Dec. 12<sup>th</sup> OCHS Gym 5:30-9:30 PM)**

Participant's name: \_\_\_\_\_

Participant's date of birth: \_\_\_\_\_

Parent's name: \_\_\_\_\_

Parent/Guardian cell phone number: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Grade for the 2015-2016 school year: \_\_\_\_\_

Name of OCHS dancer that referred you: \_\_\_\_\_

I give my child \_\_\_\_\_, permission to participate in the "Acettes Parent's Night Out." I understand if my child has any medical conditions or special nutrition needs that should be reported, it is my responsibility to notify clinic workers or the coach ASAP.

Parent signature: \_\_\_\_\_

**\*\*Please return all forms and money to OCHS by December 10<sup>th</sup> to ensure a reserved spot as space is limited.**

Questions? Contact Samantha Payne [sbuford05@hotmail.com](mailto:sbuford05@hotmail.com) or 270.314.2406

**ADMIT ONE:** \_\_\_\_\_ has paid for and pre-registered for Parent's Night Out