

Marshall



Connect. Learn. Grow.

Presents:

KIDS NIGHT OUT!

Friday, September 14th!

For only \$10 for the first child & \$5 for Marshall student sibling, we will provide child care for any Marshall student from 6:30 to 9 p.m. (NEW TIME)*

The event will take place at Marshall; there will be a movie, fun in the gym, Wii, craft, popcorn & sno-cones.

The event will be staffed by Marshall staff, parents, & volunteers.

To register your child please fill out the attached form & return to school.

Submit your form & money on/before September 12th.

Please make check payable to Marshall PTG:

\$10 per child/\$5 per Marshall sibling*

Please use a separate form for each child.

Payments are *non-refundable*, but arrangements can be made due to illness.

Everyone picking up a child will be asked to show valid identification for the safety of your child.

Please be patient with the staff as they check ID's.

For more information or to volunteer ~ please contact:

Stephanie Ruehl 513.616.2167

*Kindergarten through 5th grade

KIDS NIGHT OUT

STUDENT'S NAME _____

GRADE & TEACHER _____

AMOUNT PAID _____ CHECK/CASH

I/We give permission for our child to participate in the Marshall Elementary School "Kids Night Out" activity. We give permission for emergency medical treatment for our child. We assume responsibility for any injury, loss, or damage resulting directly or indirectly from participation in this activity, and will not institute any negligence or other claim against Talawanda School District (Marshall Elementary School), Marshall Elementary PTG, it's agents, or any other persons who could be held liable either in individual or official capacities. We agree to hold the above-named parties harmless from liability for any personal or property injury. We hereby fully release and discharge Talawanda School District (Marshall Elementary School) and the Marshall Elementary PTG from any negligence or other claim for liability, loss, or damage. We understand that this activity is performed under this specific understanding. We have read and understand the foregoing and voluntarily sign this agreement with full knowledge of its significance.

ANY KNOWN MEDICAL CONDITIONS:

PARENT'S NAME _____

PARENT'S SIGNATURE _____

PHONE# _____ CELL# _____

MY CHILD MAY BE PICKED UP BY MYSELF OR:

PHOTO ID REQUIRED

SIGN OUT (TO BE SIGNED WHEN PICKING UP)

September 14th _____

