

# Chatham Parks and Recreation

## Mother & Son Lil' Ninja Warrior Night



**Who:** For sons ages 5-10 & their Mother (Grandma, Aunt)

**When:** Friday, April 12<sup>th</sup>

**Time:** 6:15-8:15 P.M.

**Where:** Chatham Community Center Gym

**Registration Fee: \$20 for Mother & Son  
\$5 for each additional Son**

**Description:** Has your family been watching American Ninja Warrior? Does your son try to recreate these challenges at home? If so, this one night only event will be a thrilling evening. Knucklebones will create a night of fun with a whimsical take on American Ninja Warrior. We'll play games (moms vs sons) and partake in a fun, outside the box obstacle course that will require, balance, strength, tumbling and fun. Come prepared to move and have a blast! Pictures & Pizza dinner prior to event.

*Clip here and return*

### Mother (Aunt/Grandma) & Son Lil' Ninja Warrior Night

Son's Name: \_\_\_\_\_ D.O.B \_\_\_\_\_ Grade: \_\_\_\_\_

Mom's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

#### ***Are there any allergies, medications or health issues that we should know about?***

By signing this permission form for my child to participate in a Chatham Parks and Recreation Program, I agree to the following conditions:

- I give permission for my child to receive medical treatment in the event of injury while participating in this program;
- In consideration of your accepting my entry, I, the undersigned parent/guardian of the minor child named above, intending to be legally bound do hereby for myself, my heirs, executors and administrators, waive and release forever any and all rights and claims or damages I may accrue against the Town of Chatham, its contractors, instructors, aides, their successors, representatives and assigns, for any and all injuries suffered as a result of traveling to and from and while participating in the above named program. In the absence of a parent/guardian signature below, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the waiver.
- I agree pictures taken during program hours may be used for future promotional purposes.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Registration Form & Fee received by: \_\_\_\_\_ Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_