



# Kid's Nite Out

RECREATION & RESORT MANAGEMENT, INC.

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Your child(ren) are invited to join us for an awesome three days. Kid's Nite Out will be hosting an exclusive event for the 27TH PRODUCTION AND OPERATIONS MANAGEMENT CONFERENCE, HELD AT HILTON LAKE BUENA VISTA FROM MAY 6TH THROUGH MAY 9TH, 2016. .

## Activities Provided

- ★ Arts and Crafts Galore
- ★ Table games ranging from Uno and Checkers to Candyland and Jenga and More!
- ★ X-Box 360 and Wii Games
- ★ Group activities and Relay Races for our more active group
- ★ Tons of Toddler and Infant toys
- ★ Family Life area with dolls, play food, clothes, etc.
- ★ Mellow Area for the kids to re-energize including napping areas and a movie
- ★ Special activities for teens will be arranged from ice breaker games to karaoke

## Staff Qualifications

- ★ Our professional caregivers:
- ★ Are at least 18 years of age
- ★ Are certified in child/infant CPR and basic first aid
- ★ Have previous child care and/or teaching experience
- ★ Are thoroughly interviewed, screened, references are checked, and criminal background checks are performed
- ★ Will arrive at your children's event wearing our signature purple polo shirt with the Kid's Nite Out logo embroidered on the left side. They will also be wearing a Kid's Nite Out name tag and identification badge.

## Staffing Ratios

We will custom design activities for children & youth from 6 weeks to 16 years old.

Our Child-To-Staff Ratios are as follows:

Infants - 2:1

Toddlers - 3:1

Ages 4 and Up - 8:1

## Security Measures

All children will receive a colored wristband upon entering a Kid's Nite Out event. That wristband will contain the child's name, age, and a security number. The parents will receive a security card that matches the number on their child's wristband. The only person who may pick up that child is the card holder.

**We look forward to entertaining your family and remember to leave the FUN to us!**

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# Kid's Nite Out

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## 27TH POMS CONFERENCE 2016

Family Name: \_\_\_\_\_ Contact Information: Cell Number \_\_\_\_\_  
 Email address: \_\_\_\_\_ Hotel Name: \_\_\_\_\_

**FRIDAY, MAY 6TH, 2016**  
**AM SESSION 7:45 pm-11:45am \$45.00 per child**  
*Pick up for lunch 11:45am—1:15pm*  
**PM SESSION 1:15 pm-6:30pm \$55.00 per child**

**SATURDAY, MAY 7TH, 2016**  
**AM SESSION 7:45 pm-11:45am \$45.00 per child**  
*Pick up for lunch 11:45am—1:15pm*  
**PM SESSION 1:15 pm-6:30pm \$55.00 per child**

Registration Dead Line:  
Friday, April 21st, 2016

**SUNDAY, MAY 8TH, 2016**  
**AM SESSION 7:45 pm-11:45am \$45.00 per child**  
*Pick up for lunch 11:45am—1:15pm*  
**PM SESSION 1:15 pm-6:30pm \$55.00 per child**

Registration after 4/21/2016  
5:00pm or walk-ins, extra  
\$5.00 per child, per session  
surcharge

Child Information: Name(s)	Age(s)	Allergies/Medical Concerns	Sessions		
			Fri 5/6/16 Circle sessions	Sat 5/7/16 Circle sessions	Sun 5/8/16 Circle sessions
1. _____	_____	_____	AM / PM	AM / PM	AM / PM
2. _____	_____	_____	AM / PM	AM / PM	AM / PM
3. _____	_____	_____	AM / PM	AM / PM	AM / PM
4. _____	_____	_____	AM / PM	AM / PM	AM / PM
Registration Dead Line: Friday, April 21st, 2016			Total Amount: _____		

### CREDIT CARD AUTHORIZATION FORM

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp: \_\_\_/\_\_\_

Billing Address: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

TOTAL AMOUNT: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**Please return this form, credit card authorization and waiver to secure fax line or email address:**

Fax: 407-828-0918 or Email: [cevans@kidsniteout.com](mailto:cevans@kidsniteout.com)

Mail: Kid's Nite Out  
 Team Disney- 1 South  
 1375 Buena Vista Dr., Box 250 S  
 Lake Buena Vista, FL 32830

For more information please contact  
 Carol Evans  
 @ 407-828-0901 or  
 800-696-8105 ext. 1  
[www.kidsniteout.com](http://www.kidsniteout.com)

**Last Name-****AGREEMENT****Security #:** \_\_\_\_\_

In consideration for the agreement of KID'S NITE OUT RECREATION & RESORT MANAGEMENT, INC., a Florida corporation, ("KNO") to provide any services to or on behalf of Child, Parent/Guardian of Child agrees that neither KNO nor its agents, employees, owners, or representatives shall have any liability of any nature for any damage to the person or property of Child or Parent/Guardian that does not result primarily from the act of an agent or employee of KNO acting within the scope of such agent or employee's employment with KNO.

Notwithstanding the foregoing, and without intending to limit the generality of the foregoing, Parent/Guardian further agrees as follows:

Parent/Guardian releases and holds harmless KNO and all of KNO's agents, employees, owners, and representatives, from any and all claims or liabilities for injury of any nature to Child that occurs as a result of transportation operated by any common carrier or party other than KNO, its agents, employees, or representatives, in arranging such transportation, it being expressly understood and acknowledged by Parent/Guardian that KNO has no responsibility for or control over such transportation.

Parent/Guardian releases and holds harmless KNO and all of KNO's agents, employees, owners, and representatives, from any and all claims of liabilities for any loss or damage to the property of Parent/Guardian or Child that results from any cause, including but not limited to any act, negligent or otherwise, of KNO, its agents, employees, or representatives, it being expressly understood and acknowledged by Parent/Guardian that KNO has no responsibility to safeguard such property.

Neither KNO nor its agents, employees, owners, or representatives shall have any duty or responsibility to provide any medical or nursing care to Child, it being expressly understood and acknowledged by Parent/Guardian that KNO's employees and agents are not hired, trained, or qualified to render such care.

In connection with any litigation arising out of the Agreement, the prevailing party shall be entitled to recover all costs incurred, including reasonable attorney's fees.

Medical Waiver:

In the event that my child is deemed to require medical attention at any time, I hereby authorize any representative of KID'S NITE OUT RECREATION AND RESORT MANAGEMENT, INC., the hotel, event location, or convention center to arrange for the transportation of my child to any first aid or medical facility for the purpose of obtaining medical attention. I agree to be responsible for any reasonable expenses incurred by reason thereof.

Permission to Leave:

Please note that if given permission by Parent/Guardian to leave this function WITHOUT a Parent or Escort, KID'S NITE OUT RECREATION & RESORT MANAGEMENT, INC. is NOT RESPONSIBLE for your child once they leave this event.

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

Date: \_\_\_\_\_

Parent/Guardian Mobile #: \_\_\_\_\_

Room #: \_\_\_\_\_

Parent/Guardian Name (please print clearly) : \_\_\_\_\_

Child's Name (Last, First)	Age	Allergies/Medical Concerns