



# Daddy/Daughter Date Night

## “A Masquerade Ball”

**Program:** Father’s sign-up for an evening of quality time with your little girl(s). The festivities include decorating masks, a simple dinner, dancing, contests and more! Space is limited.

**Ages:** 3-10 years

**Location:** Watertown Senior & Community Center, Conley Hall

**Date:** Friday, November 2, 2018

**Times:** 6:00-8:00 pm  
7:00-8:00 pm entire family is welcome to participate

**Deadline:** Monday, October 29, 2018

**Fees:** \$18/daddy & daughter  
\$5/additional daughter



**Special Needs:** The department will make every effort to comply with the regulations associated with the American’s with Disabilities Act (ADA). In the space provided, list any special needs that the participant may have that would benefit his/her participation in this program. The department will attempt to accommodate these needs and will contact you to discuss participation. **Parent should communicate any special needs with the supervisor.**

# 2018 Daddy/Daughter Date Night

Friday, November 2, 2018

Dad’s Name \_\_\_\_\_ Daughter Name \_\_\_\_\_ Age \_\_\_\_\_

Additional Daughter \_\_\_\_\_ Age \_\_\_\_\_ Additional Daughter \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

List any special needs or medical conditions this participant has \_\_\_\_\_

I understand the inherent risk of injury in participation in this sports program and verify that my child is medically fit to participate. I give my permission to the supervisors of this program to take the proper steps in case my child is in need of emergency medical attention. I also release the sponsoring groups and their agents from any and all claims arising from this child’s participation in this activity.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



Fee Paid: \$18/daddy & daughter \$5/additional daughter

