



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Hamilton Area YMCA SPOT (Safe Place for Our Tweens) 2018 Registration Form

This event allows 9 - 12 year olds to "hang out" at the JKR Branch of the Hamilton Area YMCA under the supervision of our trained staff. Basketball, music, karaoke, swimming, and snacks for purchase, and other exciting activities are all part of this monthly Saturday night event! We do ask that participants dress appropriately for the activities they wish to partake in.

Fees for members and non-members are as follows:

- Pre-registration: \$7.00
- Night of registration: \$10.00

Pre-registration closes 3 days prior to each event. If you are already a member you can register online at hamiltonymca.org.

2018 SPOT Dates

- | | | | |
|--------------|-------------------|---------------|-------------------|
| • January 13 | 7:00 - 10:00 p.m. | • July 7 | 7:00 - 10:00 p.m. |
| • February 3 | 7:00 - 10:00 p.m. | • August 4 | 7:00 - 10:00 p.m. |
| • March 3 | 7:00 - 10:00 p.m. | • September 8 | 7:00 - 10:00 p.m. |
| • April 7 | 7:00 - 10:00 p.m. | • October 6 | 7:00 - 10:00 p.m. |
| • May 5 | 7:00 - 10:00 p.m. | • November 3 | 7:00 - 10:00 p.m. |
| • June 2 | 7:00 - 10:00 p.m. | • December 1 | 7:00 - 10:00 p.m. |

Hamilton Area YMCA - JKR Branch

1315 Whitehorse-Mercerville Road • Hamilton, NJ 08619 • 609.581.9622 • hamiltonymca.org



Give bottom half to Front Desk upon registration. Please print neatly.

Youth Name: _____ DOB: _____ Age: _____

Emergency Contact: _____ Phone Number: _____

Address: _____

E-mail Address: _____

Waiver: In consideration of your acceptance of this entry, hereby for myself, my heirs, my executors, and administrators waive any and all rights and claims for damages I may have against the Hamilton Area YMCA, their respective representatives and successors, and all sponsors, and will hold them harmless from any injury suffered in this event. Also, none of the above are responsible for the loss of personal items nor any other form of aggravation in connection with this event. I have been warned that I must be in good health to participate in this event.

For internal use only:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> January 13 8JAN SPJSP | <input type="checkbox"/> April 7 8APR SPJSP | <input type="checkbox"/> July 7 8JUL SPJSP | <input type="checkbox"/> October 6 8OCT SPJSP |
| <input type="checkbox"/> February 3 8FEB SPJSP | <input type="checkbox"/> May 5 8MAY SPJSP | <input type="checkbox"/> August 4 8AUG SPJSP | <input type="checkbox"/> November 3 8NOV SPJSP |
| <input type="checkbox"/> March 3 8MAY SPJSP | <input type="checkbox"/> June 2 8JUN SPJSP | <input type="checkbox"/> September 8 8SEP SPJSP | <input type="checkbox"/> December 1 8DEC SPJSP |