



SKOR – SOAR ALLEY CATS BOWLING PAY AS YOU GO



(Special Kids Organized Recreation – Special Organized Adult Recreation)

Thank you for coming to the Alley Cats Bowling Program. Please fill out the bottom section of this registration form and hand it with payment to our YMCA SKOR–SOAR Staff person on duty at the bowling alley. Checks may be made payable to Hamilton Area YMCA. Please put "Alley Cats Drop In" in the memo field. With your payment, you will get shoe rental and 1 hour of bowling. If you need any assistance like bumpers or a bowling assistance ramp set up, please let the SKOR-SOAR Staff person know and they

Bowling is open to all individuals with disabilities age 3 and up. Participants should be able to work within a 5:1 ratio. Parents must stay in the building for those participants under the age of 13 and/or for those that are unable to work independently within the ratio.

Parents – If you would like to bowl, feel free to fill out a form, pay and join in the fun!

If you or someone you know is interested in volunteering to help with this program, please contact Janice Nastasi at jnastasi@hamiltonymca.org.

BRING THIS FORM AND PAYMENT WITH YOU TO THE BOWLING ALLEY.

Additional Information:

\$10 per Bowler

All participants must complete the form below prior to bowling.

Make Checks payable to: Hamilton Area YMCA

Contact Janice Nastasi at 609.581.9622 ext. 114 or

By email at jnastasi@hamiltonymca.org with any questions

Name:

DOB:

Address:

Contact Phone:

Email:

Emergency Contact:

Emerg Contact Ph:

Participant uses: **Wheelchair** **Walker** **Other** **None**

Bowling Assist Ramp: **Yes** **No** **Bumpers:** **Yes** **No**

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.

The Hamilton Area YMCA reserves the right to photograph or film any participant and use the said pictures or film for any form of advertising or promotion as deemed appropriate. No refunds.

Parent/Guardian Signature: _____ **Date:** _____

YMCA USE: Session Winter Spring 1 Spring 2 Summer Fall1 Fall 2