

## SKOR - SOAR S.T.E.M. NIGHT

(Special Kids Organized Recreation - Special Organized Adult Recreation)

When: May 3 & 20 & 27, 2017

Where: TCNJ Education Building Rm 115

**<u>Time</u>:** 6:30 p.m. – 8:00 p.m.

Fee: \$5.00 Each Class



The S.T.E.M. Schedule is finalized for the rest of the season! May, 3, May 20, May 27 at TCNJ Education Building – Rm 115 (Map Included) Parking is in lots 17 and 18

**PROJECTS SCHEDULED** (Subject to change)

Foil Boats - Sugar Water Rainbow - Lava Lamps

Egg Drop Challenge

The Catapult Challenge

We will be building multiple catapults and seeing which version works the best!

Each S.T.E.M. participant receives pieces of an instruction manual for each project to be completed. They will work with a volunteer to assemble the manual, then they will complete the project.

Then comes the best part... They get to test their project!

S.T.E.M. Night is open to all individuals with disabilities age 10 and up who are able to work with a volunteer and follow instructions. Participants should be able to work within a 5:1 ratio. Parents must stay in the room for those participants that are unable to work within the ratio and any participant under the age of 13. We will have volunteers on hand to assist, but we can always use the extra hands if parents want to play too!

As we get closer to the event, registered participants will be emailed more information *Reg Due Date for Wed May 3 – Friday April 28, 2017 Reg Due Date for Sat May 20 – Friday May 12, 2017 Reg Due Date for Sat May 27 – Friday May 19, 2017* 

> \*\* Membership to the Hamilton Area YMCA is <u>NOT</u> required. \*\* All participants <u>MUST</u> have a registration form completed.

You may type right in the form and print out the completed form. If you have to print out the form and write in information, please print (not cursive) neatly

Give bottom half to the desk upon registering

YMCA SKOR-SOAR S.T.E.M All participants must complete the form to register. Registrations can be made at either facility or by mail: Hamilton Area YMCA 1315 Whitehorse-Mercerville Rd Hamilton, NJ 08619 Attn: SKOR - SOAR S.T.E.M. Night - <i>Make Checks payable to: Hamilton Area YMCA</i>						
Pleas	e Select Below Wl	nich Class(es) Y	ou Want To At	tend.		
Wed May 3, 2017	Saturday May 20, 2017		7 Satu	Saturday May 27, 2017		
7MAY 1SKJSTEM	7MAY	7MAY 1SKJSTEM2		7MAY 1SKJSTEM3		
Total Cost: 5 x	Amount Enclosed:					
Name: Date of Birth:						
Address:						
Contact Ph:		Email	:			
H	Iome or Cell					
Emergency Contact Name						
Emerg. Contact Pho (to be used during time of the						
Participant uses:	Wheelchair	Walker	None	Other		

<u>Allergies/Restrictions</u>: Participants will be handling different household materials (ie flour, salt, oil). We may also be providing some snacks. Please tell us any allergies or dietary issues.

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. Credits will be issued for illness. Must be supported by a doctor's note.

Participant Signature - Parent/Guardian Signature if under 18

DATE