



**SKOR
SOAR**

PIZZA, PIC, AND PLAY!

**Saturday, June 16 at 6:00 – 8:00 p.m.
JKR Branch**

Hang out with your friends while you get a chance to play basketball, watch a movie, and eat pizza!
Members and non-members are welcome!

Fee: \$7 per participant
Age: 8 years and older

Participants should be able to work within a 7:1 ratio. *Parents must stay in the building for participants under the age of 13 and/or for those that are unable to work independently within the ratio.*
All participants MUST have a registration form completed.

Please complete the information below and return, with payment, to register. Registration can be done at either facility or by mail to: Hamilton Area YMCA, Attn: SKOR Pizza, Pic, and Play, 1315 Whitehorse-Mercerville Road, Hamilton, NJ 08619. *Checks payable to Hamilton Area YMCA.*

For more information, please contact Janice Nastasi at jnastasi@hamiltonymca.org.

Participant Name: _____ Date of Birth: _____

Address: _____

Contact Phone: _____ Parent E-mail Address: _____

Emergency Contact Name & Phone: _____

Used for event purposes only.

Participant uses: Walker ☐ Wheelchair ☐ None ☐ Other ☐

Dietary Restrictions: We will have pizza and different snacks available. Please tell us of any allergies or dietary issues so we may designate different areas on the snack tables.

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.

Signature of Parent/Guardian (If applicable)

Date