



**SKOR
SOAR**

STEM NIGHT

Hamilton Area YMCA - JKR Branch Kids Gym from 6:00 - 7:15 p.m.

Thank you to Robert Wood Johnson University Hospital Medical Staff for sponsoring!

STEM 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 to help out. **Membership to the Hamilton Area YMCA is NOT required. All participants MUST have a registration form completed.**

STEM Night Dates: October 20, November 17, December 15, January 12, and February 16.

Please complete the form and print (not cursive) neatly and give the bottom half to the desk upon registering. Registration can be done at the JKR Branch Member Service Desk or by mail to: Hamilton Area YMCA, Attn: SKOR/SOAR STEM Night, 1315 Whitehorse-Mercerville Road, Hamilton, NJ 08619. Checks payable to Hamilton Area YMCA.

For more information, please contact Janice Nastasi at 609.581.9622 ext. 114 or jnastasi@hamiltonymca.org.

Amount Enclosed: _____ (Fee: \$5 per participant)

Participant Name: _____ Date of Birth: _____

Address: _____

Contact Phone: _____ Parent E-mail Address: _____
E-mail is used for event purposes only.

Emergency Contact Name & Phone: _____
Used for event purposes only.

Participant uses: Walker Wheelchair None Other

Dietary Restrictions: Participants may 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.

Signature of Parent/Guardian (If applicable)

Date

YMCA USE: 8OCT 1SKJSTEM