

HARRISON RECREATION PRESENTS:



NEW THIS SPRING AT THE HARRISON COMMUNITY CENTER
CHALLENGE ISLAND STEAM ADVENTURES FOR GRADES K - 5
6 WEEKLY CLASSES ON THURSDAYS STARTING MAY 9th, 3:30 – 4:30 PM

CALLING ALL STUDENTS WHO LOVE TO:

***BUILD** COOL THINGS ***LEARN** NEW THINGS ***ASK** TONS OF QUESTIONS
***BE** CREATIVE ***EXPLORE** NEW IDEAS
***FEEL PROUD OF THEIR ACCOMPLISHMENTS!** ***HAVE FUN!!!**



**COME JOIN US FOR AN EPIC CHALLENGE ISLAND STEAM
AMUSEMENT PARK ADVENTURE!!!**

Roller Coasters, Ziplines, Spooky Mansions, Arcade Games, Oh My!
Challenge Island kids love adventure and designing and building cool new
engineering projects! Lots of STEAM learning, laughter and tons of fun!

BUCKLE YOUR SEATBELTS CAUSE HERE WE GOOOOOOO!

- At ROLLER COASTER RIDGE, we learn to balance gravity, potential & kinetic energy plus friction to build an amazing motor-less roller coaster!
- ZIPLINE ZONE transforms the concept of 'slickness' into a frolicking ride!
- PINBALL ARCADE builds working pinball machines, utilizing the power of elasticity to get those points! And discover pre-video game play! And MORE!

**WE LIVE IN A TECHNOLOGY-DRIVEN WORLD AND
STEAM ENRICHMENT HAS NEVER BEEN MORE IMPORTANT FOR
YOUNG LEARNERS. CHALLENGE ISLAND TRANSFORMS PROBLEM-SOLVING & CRITICAL THINKING INTO
AN EXCITING ADVENTURE! FULL DETAILS OVER →**

CHALLENGE ISLAND STEAM ADVENTURES AT HARRISON COMMUNITY CENTER – SPRING 2024

Name _____ [] Male [] Female Date of Birth _____

Parents' Names _____

Best Phone Number: _____ Email Address _____

CHALLENGE ISLAND RUNS FROM 3:30 – 4:30 pm AT THE HARRISON COMMUNITY CENTER

6 WEEKS OF CLASSES ON THURSDAYS AFTER SCHOOL: \$199

CLASS DATES: May 9, 16, 23, 30; June 6, 13

FOR FURTHER INFORMATION PLEASE CALL NAN ELMORE@ 914-960-6680

PAYMENT METHOD: [] Check (to CHALLENGE ISLAND WESTCHESTER) [] Credit Card Amt To Charge _____

Credit Number: _____ CVV _____ Exp Date _____

Name on Card _____ Signature _____ Billing Zip Code _____

Registrations and payment by credit card should be E-mailed to:

REGISTRATIONS@HAPPYFEETSOCCERNY.COM

Registrations and payment by check should be mailed to:

CHALLENGE ISLAND, 120 Kisco Avenue, Suite B, Mt. Kisco, NY 10549

ALL REGISTRATIONS MUST BE ACCOMPANIED BY A SIGNED PERMISSION SLIP/WAIVER (BELOW). NO CHILD WILL BE ALLOWED TO PARTICIPATE WITHOUT A SIGNED PERMISSION SLIP/WAIVER ON FILE. FOR MORE INFORMATION: 914-960-6680 or nanelmore@challenge-island.com

No refunds after 2nd class; \$50 processing fee for cancelled registrations; sorry but no make-up classes available; any request to cancel registration must be made in writing to nanelmore@challenge-island.com no later than the 2nd class of the session; full registration fee remains in effect thereafter.

Challenge Island of Westchester/Permission Slip & Waiver: I, the undersigned parent or legal guardian of the below-named participant, a minor ("Participant"), on behalf of myself, Participant and our heirs, assigns and next of kin, hereby agree as follows: **EMERGENCY AUTHORIZATION:** I hereby authorize each of the teachers, coaches, volunteers, and/or other employees and/or officials and/or directors and/or owners of the Challenge Island of Westchester and/or its related companies, to act as my agents in the capacity of activity supervisors, and I authorize each of them as well as the below-identified Emergency Contact to consent to medical, surgical or dental examination and/or treatment. **DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:** I acknowledge that participation in Challenge Island Programs necessarily involves use of scissors, small objects which could cause choking and other serious medical conditions such as bodily insertions, etc; use of non-digestible materials and that such equipment and materials may result in cuts, abrasions and more serious medical conditions including paralysis and death. I willingly and voluntarily accept and assume all such risk. **I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND THE ACKNOWLEDGEMENT AND CONSENT AGREEMENT PRINTED BELOW, I FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND THE PARTICIPANT HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM FOR MYSELF AND ON BEHALF OF PARTICIPANT AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT. FURTHERMORE, I AGREE TO INFORM CHALLENGE ISLAND OF WESTCHESTER IN A TIMELY MANNER IF ANYTHING ON THIS FORM OR ITS ATTACHMENTS CHANGES.** I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and, if Participant or I observe any concern in Participant's readiness for participation and or in the program itself, I will remove participant from participation and bring such concern to the attention of the nearest Challenge Island of Westchester official. In consideration of accepting the registration and permitting the voluntary participation of the Participant in Challenge Island of Westchester programs, I hereby release, discharge and agree to hold harmless to the fullest extent permitted by law Challenge Island of Westchester, its participants, employees, volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees or other persons or entities allowing, permitting or authorizing the use of facilities by Challenge Island of Westchester and/or its related companies and the agents, employees, officers and directors of said persons or entities from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to any injury or other damage that may result to said participant or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any Challenge Island of Westchester or related company sponsored event, including any physical or other injury caused by the negligence of any person or entity described above. I further acknowledge and accept that this Disclaimer, Assumption of Risk and Waiver is intended to be as broad and inclusive as permitted by the laws of the state in which participation takes place and agree that if any portion of this Disclaimer, Assumption of Risk and Waiver is deemed to be invalid, the remainder will continue in full legal force and effect. **ACKNOWLEDGEMENT AND CONSENT:** I consent to such uses and hereby waive all rights to compensation.

Child's Name _____ Medical conditions we should know about _____

Parent / Guardian Name AND
Signature _____

Date _____