

PROVIDING SUPERHERO CONFIDENCE



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Superhero Friday Nights Out for exceptional children HARRISON FAMILY YMCA

Funded in part by
Nash Autism Seeking Hope

ABOUT THE PROGRAM

At the Y, we believe in promoting access for all individuals to lead a healthy lifestyle, including those with special needs. By building on our mission "for all", the Y offers all individuals the chance to participate in activities where everyone can learn skills, be active, gain confidence, build friendships, and have fun! Each evening will have a different focus for the participant such as music, arts, physical activity, science and more. Some evenings will be for participants only, and others will also include a support group for parents/care-givers, listed with each date.

DESIGNED FOR THOSE WITH DEVELOPMENTAL AND INTELLECTUAL DISABILITIES

SENSORY SENSITIVE ACTIVITIES

FUN CHALLENGES

SOCIALIZATION WITH PEERS

SELF-CARE FOR PARENTS AND CAREGIVERS

PROGRAM DATES

Sep. 20th

Parents Must Attend with Participants

Oct. 25th

Parent Support Group & Participant Drop Off

Nov. 15th

Participant Drop Off Night

Dec. 20th

Participant Drop Off Night

Jan. 17th

Parent Support Group & Participant Drop Off

Feb. 14th

Participant Drop Off Night

Mar. 20th

Parent Support Group & Participant Drop Off

Apr. 24th

Participant Drop Off Night

May 8th

Parent Support Group & Participant Drop Off

Registration required by the Monday before each event
Limited to the first 8 registrations (wait list available)
Financial Assistance is available

Time: 5:00 - 8:00 p.m.

Ages: K - 12th Grade

Daily Fees: \$5/YMCA Members

\$10/Community Members



HARRISON FAMILY YMCA

1000 Independence Drive Rocky Mount, NC 27804

P 252 972 9622 harrisonfamilyY.org

REGISTER HERE!

Participant First & Last Name _____ D/O/B _____

Gender M F Unspecified

Age & Grade _____

Primary Disability/Diagnosis _____

Secondary Disability/Diagnosis (Other medical conditions) _____

Parent/Contact Person _____ D/O/B _____

Address _____

Email _____ Phone _____

Emergency Contact _____ Phone _____

SPECIAL PROGRAMS PARTICIPANT INFORMATION

Is the participant subject to seizures? Y N

If so, describe the type & frequency _____ Date of last seizure: _____

Does the participant require rest after a seizure occurs? Y N Are seizures controlled by medication? Y N

Is the participant ambulatory? Y N Does the participant use a wheelchair? Y N

Is the participant able to self-transfer? Y N

Check other assistive devices used for ambulation Cane Walker Brace Crutches

Does the participant use any other adaptive equipment? Y N If so, please explain _____

Age appropriate verbal? Y N Does the participant use sign language? Y N

Can the participant read and write? Y N If yes, do they like directions/schedules written down? Y N

Do they utilize a picture/visual schedule? Y N

Specify other communication needs/methods _____

Willing to stay within group Y N Can recognize danger Y N May wander or run Y N

Responsible for belongings Y N Can say name/phone #s Y N Manage own money Y N

Best way to engage or redirect the participant? _____

Comfort the participant? _____

Specific fears/phobias? _____

Settings or activities that may prohibit participation? _____

Best way to introduce or explain new tasks or transitions? _____

Other accommodations needed for them to successfully participate? _____

SCHEDULE

(Please check which event(s) you are registering for below)

- | | |
|--|--|
| <input type="checkbox"/> Sep. 20th | Parents Must Attend with Participants |
| <input type="checkbox"/> Oct. 25th | Parent Support Group Available |
| <input type="checkbox"/> Nov. 15th | Drop Off Night |
| <input type="checkbox"/> Dec. 20th | Drop Off Night |
| <input type="checkbox"/> Jan. 17th | Parent Support Group Available |
| <input type="checkbox"/> Feb. 14th | Drop Off Night |
| <input type="checkbox"/> Mar. 20th | Parent Support Group Available |
| <input type="checkbox"/> Apr. 24th | Drop Off Night |
| <input type="checkbox"/> May 8th | Parent Support Group Available |

WAIVER OF LIABILITY: I understand and agree that the Rocky Mount Family YMCA, Inc. (d/b/a Harrison Family YMCA) nor co-sponsoring organizations or their respective chapters, officers, directors, employees, agents, members or volunteers shall assume or have any responsibility or liability for expenses or medical treatment or form compensation for any injury may suffer during or resulting from my participation in this program. I do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in this program. I also represent and warrant that I have been advised to seek consultation from my doctor about whether I can safely participate in this program and whether there are precautions or limitations to my participation. I also grant permission to the Y to use any photographs or videography that are obtained as part of this program for future Y advertising and promotions.

Parent/Guardian Signature

Date _____