

KIDS' NIGHT OUT



Stevens Institute of Technology's Student-Athlete Advisory Committee invites your kids to come have a fun evening with Stevens' athletes while you get to take the night off!

- **When:** Friday, April 8, 2011 and Friday, April 15, 2011
- **Where:** Stevens Institute of Technology's Schaffer center
- **Price:** \$15/child (children must be potty trained)

BASKETBALL, SOCCER, COLORING, a MOVIE and MORE!

*For REGISTRATION or Questions please e-mail

zsimos8@gmail.com

Kids Night Out

Hosted by the Stevens Athletic Advisory Committee

Question & Answers:

Q: Where do I drop off and pick up my child?

A: The Stevens Athletic Advisory Committee will be ready to receive your child at 6:00 P.M. in the Lobby of the Schaefer Gym, which is located on the main campus of Stevens Institute of Technology. (Map included). Pick up is no later than 10:00 P.M. in the same location.

Q: What if I would like to drop off or pick up my child at a different time?

A: We will gladly accommodate late drop offs and/or early pickups. Please let us know your pick-up time when you drop off your child. We can then let you know the best place to pick up your child. If you're going to be late for drop off, please let me know what time you will bring your child by. Zabella Simos will also be available via cell phone if something changes.

Zabella Simos (516) 660-3320

Q: Will there be food and/or snacks available for my child?

A: There will NOT be food or snacks available at the event. Please make sure all children have eaten dinner prior to drop off. If you think your child will be hungry later and will want a snack, we encourage you to pack snacks and drinks. Please make sure to clearly label the bag with your child's name. We will have plenty of water on site.

Q: What will my child be doing from 6:00 until 10:00 pm?

A: From approximately 6:00 P.M. to 8:00 P.M. the children will be engaged in different activities such as sports, reading, children's party games, and board games in the Schaefer Gym. At approximately 8:00 P.M., they will be given the option of watching a Disney movie. You are welcome to send things with your child, such as their favorite book, game, or coloring items, etc. We are happy to entertain your child any way we can.

Q: Where is the money for this event going?

A: 100% of the profit will go directly to the Stevens Athletic Advisory Committee and to Stevens Athletics.

Further questions can be emailed to: zsimos8@gmail.com



Stevens Institute of Technology
Kids Night Out Waiver – April 8 and/or 15, 2011

ONE WAIVER PER CHILD REQUIRED!

The information you provide on the waiver will help us get your child prompt medical treatment in the event of an emergency. Please complete with care!

Child Last Name _____ Child First Name _____

Age _____ Gender _____

Parent/Guardians Name(s) _____

Address _____

City _____

State _____ Zip _____

Telephone: Daytime _____ Cell _____

Email Address _____

Health Insurance Provider _____ Plan # _____

Local Agent Telephone _____

Allergies to Medication _____

Required Medication _____

Other Medical Problems _____

Amount Enclosed (Check Payable to Stevens Athletics -- Field Hockey) \$ _____

Mail to: Melanie Volk, Stevens Athletics Department, 1 Castle Point on Hudson, Hoboken, NJ 07030

I certify that _____ (print child's name) is in good physical condition and can participate in the Kids Night Out hosted by the Stevens Student Athletic Advisory Committee. Participation in any athletic program includes a risk of injury which may range in severity from minor to long-term catastrophic, even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate this risk. Stevens does not screen applicants of these programs for illness, injuries, allergies or other medical conditions, which would prevent or limit participation in any athletic or outdoor program. It is the responsibility of the parent or guardian to evaluate the applicant's ability to participate in Kids Night Out.

_____, (parent/guardian name), authorize Stevens to administer treatment in any emergency situation requiring medical attention. I also understand that such treatment becomes my sole financial responsibility. I hereby waive and release Stevens, and its Instructors and Employees, from responsibility for any injury or illness occurring while attending Kids Night Out. This includes any transportation and emergency treatment.

Signature _____ Date _____

Parent/Guardian

Stevens and all staff, including medical staff, will not administer any medication, either prescription or non-prescription, without notification on this application or a separate note by a parent or guardian.