

City of Robbinsdale Recreation Services, along with the Cities of Crystal and New Hope presents:



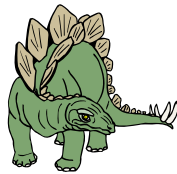
# PRESCHOOL WORKSHOPS

Preschoolers ages 3-6 with adult will enjoy engaging demonstrations, perform simple experiments, and will discover how science can help us better understand the world around us! All classes will meet at the Crystal Community Center.

Fee: \$8/child/session residents of Crystal, New Hope, Robbinsdale \$12/child/

### Dandy Dinosaurs

Discover how those huge reptiles lived, what they had for dinner and what may have caused them to disappear. As junior paleontologists, take part in a simulated dinosaur dig. Take home a cast of a Tyrannosaurus Rex tooth. Register by January 11.



**Date: Thursday, January 19**  
**Time: 10:00-11:00 am**

### Magnetic Attractions

You'll be "mysteriously drawn" this class. Experience magnets by experimenting with magnetic poles and color your own Mad Science magnet to take home. Register by March 7.



**Date: Thursday, March 15**  
**Time: 10:00-11:00 am**

*FYI: For more information or to register using a major credit card, you can call 763-531-1278, Monday-Friday, between 8:30 am and 4:00 pm. You can also Fax completed form to 763-537-7344. Or mail/drop off with payment to Robbinsdale City Hall, 4100 Lakeview Ave. N, Robbinsdale, MN 55422.*

Refunds, program credits or transfers are allowed up to one week prior to start of the program. All refunds are subject to a \$5 service fee. Confirmations are not sent. Participants should attend the class unless informed it has filled or been cancelled. No refunds after the deadline. Payment by check authorizes the city to use information from your check to make a one-time electronic transfer from your account or to process the payment as a check transaction.

### **Mad Science: Preschool Science Registration & Waiver Form**

Please print clearly. Make checks payable to City of Robbinsdale; 4100 Lakeview Avenue No., Robbinsdale, MN 55422

Youth's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Grade \_\_\_\_\_

Circle which session attending:      Dandy Dinosaurs      Magnetic Attractions  
Contact's Name: \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W or cell) \_\_\_\_\_

Contact's email: \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_ Payment:  CASH  CHECK  CREDIT CARD

Credit Card Number: \_\_\_\_\_ 3 or 4 Digit Code \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Total AMT: \$ \_\_\_\_\_ Card Holders Signature: \_\_\_\_\_

**Please list any special needs or equipment participant may need:** \_\_\_\_\_

#### **Liability Waiver:**

The undersigned acknowledges that recreational and sports programs involve inherent risks of personal injury. It is agreed that participation in the program is voluntary and at the participant's sole risk. The City shall not be liable for any claims, demands, injuries or damages whatsoever to the participant or participant's property arising out of the participant's participation in the program. On behalf of the participant, the undersigned releases and discharges the City, its employees or agents from all such claims, demands, injuries or damages, except those directly caused by the gross negligence of the City, its employees or agents.

**Photographs** are occasionally taken and may be used for promotional purposes of the recreation programs we offer. If you wish not to be photographed, let us know.

**Signature** Participant or guardian, if participant is under 18 : \_\_\_\_\_ **Date:** \_\_\_\_\_