ANDERSON TOWNSHIP PARK DISTRICT

Mad Science, ages 3 ½ – 5

Register in advance. Voted 2008's "BEST Children's Educational Entertainer" by Cincinnati Magazine. Mad Science is on a mission to spark the imagination and curiosity of children. Explore the fields of physics, chemistry, earth sciences and more with a genuine Mad Scientist! This engaging inquiry-based program includes hands-on activities and exciting demonstrations. Come join us as we explore a different topic each week, such as Adventures in Air, Water Works, Magnetic Attractions, Color Lab, and Energy & Motion. All classes include "make and take" projects for each child.

Date: Wednesdays, January 25 – February 22 **Time:** 6:00pm – 6:45pm

Price: $55 Anderson Resident; $65 Non-Resident **Location:** Beech Acres Park RecPlex

Questions? (513) 388-4515 **Fax:** (513) 231-4190 **Hotline:** (513) 357-6629 x1

Mad Science (ages 3 ½ - 5) Registration ~ Winter 2012

Participant's Name_____ Birthdate___/___/___ Gender_____ Grade_____ T-Shirt Size (sports)_____

Parent's Name (if applicable) _____ Phone (h) _____ (c) _____

Address _____City_____ State_____ Zip_____ Email_____

Medical Concerns: allergies, conditions, medications_____

Emergency Contact Name (different from above) _____ Phone _____

Date: Wednesdays, January 25 – February 22

Price: ___$55 Anderson Resident ___ $65 Non-Resident **Total Due:** $_____

Office Use Only:

Date_____ Time_____ Rec'd By_____ Total Paid $_____ Cash____ CC____ Check #_____ Ck Name_____ Deposit By_____

Make checks payable & return to: Anderson Township Park District, Beech Acres Park RecPlex • 6915 Beechmont Ave • Cincinnati, OH 45230

Registrations accepted on a first come, first served basis and are subject to the completion of payment and *Release of Liability & Authorization.* The ATPD may cancel or alter programs pending registration numbers.

RELEASE of LIABILITY & AUTHORIZATION: I hereby release the Anderson Township Park District (ATPD) and Beech Acres Parenting Center and their respective Boards, employees, agents and instructors from all responsibility in the event of accident or injury. I also authorize the ATPD to publish any pictures or video taken during the program for which I've registered, and to use my e-mail address to send me ATPD information.

Parent/Adult Participant Name_____Signature_____Date_____

Visa_____ MasterCard_____ Card #_____ 3 Digit Security Code (Located on BACK of Card):_____

Expiration Date_____ Name on card_____