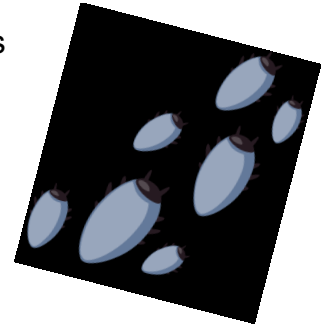




Children are naturally drawn to science because of its almost magical qualities. Science sparks wonder and imagination in children and allows them to use their natural curiosity for discoveries. Science Explorers understands children and their need to learn more about their environment and the world. Science Explorers' activities challenge children to develop their creative and divergent thinking skills by providing "hands-on" activities and experiments that encourages children to try different solutions. Gaining these skills will help children throughout their entire life.

BUGGY FOR BUGS

Youth ages 3½-6, are you buggy for bugs? Do you like the creepy, crawlers of the immense insect world? Then join us as we investigate the two types of metamorphosis, discover how some bugs live in colonies, and how bugs eat, smell and survive. You will construct your own bugs, weave a web and more in this fun, hands-on class. *Register by April 9.*



Activity: 110825
Who: Youth ages 3.5-6
Where: Science Explorers (in Popp's Building)
 620 Mendelssohn Ave. N, Golden Valley
When: Mondays, April 16-May 7
 9:30-11am
Fee: \$50



FYI: For more information or to register please check online at <https://webtrac.robbinsdalemn.com>
 Mail/drop off waiver form with payment to Robbinsdale City Hall, 4100 Lakeview Ave. N, Robbinsdale, MN 55422.
 Call 763-531-1278, Monday-Friday, between 8:30 am and 4:00 pm. using VISA, MC or Discover. Refunds, program credits or transfers are allowed up to registration deadline. 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 to process the payment.

Buggy for Bugs Class Registration & Waiver Form

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

Youth's Name _____ Birthdate: _____ Grade: _____

Total AMT: \$ _____ ***Please list any special needs or equipment participant may need:*** _____

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 Security Code: _____ Expiration Date: _____

Card Holders Signature: _____

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. Do not wish to be photographed, check here _____

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