



# MAD SCIENCE SUMMER CAMP

## WEST LINN PARKS & RECREATION



- EVERY DAY IS JAM PACKED WITH HANDS-ON SCIENCE FUN
- A NEW TOPIC EVERY DAY
- COOL SCIENCE TAKE HOME PROJECT EVERY DAY
- WATER BOTTLE FOR EVERY CAMPER
- FREE LUNCH SUPERVISION WHEN YOU SIGN UP FOR AM & PM
- T-SHIRT FOR EVERY CAMPER

	MORNING CAMPS: \$167 per camper	AFTERNOON CAMPS: \$167 per camper
June 23rd Through June 27	<b>LET'S GET GROWING THE GARDENING CAMP</b> 9:00 am to 12:00 noon Ages 4 through 5	<b>ROCKETS &amp; THE SCIENCE OF FLIGHT</b> 1:00 pm to 4:00 pm Ages 5 through 7 or entering K through 2nd grade
July 7th Through July 11th	<b>ROCKET LAB</b> 9:00 am to 12:00 noon Ages 7 through 12 or entering 3rd through 6th grade	<b>MOVING WITH SCIENCE</b> 1:00 pm to 4:00 pm Ages 5 through 7 or entering K through 2nd grade
July 28th Through August 1st	<b>EUREKA! THE INVENTORS CAMP NEW FOR 2014</b> 9:00 am to 12:00 noon Ages 7 through 12 or entering 3rd through 6th grade	<b>CHEMISTRY &amp; BIOLOGY BLAST</b> 1:00 pm to 4:00 pm Ages 7 through 12 or entering 3rd through 6th grade

VISIT OUR WEBSITE FOR COMPLETE CAMP DETAILS: [HTTP://PORTLAND.MADSCIENCE.ORG/SUMMERCAMP.ASPX](http://portland.madscience.org/summercamp.aspx)

**LOCATION**  
WEST LINN PARKS & REC  
Location TBD  
West Linn, OR

**HOW TO REGISTER**  
Register online at  
[www.westlinnoregon.gov/parksrec](http://www.westlinnoregon.gov/parksrec)  
Or Call: (503)557-4700

**CAMP FUN PROVIDED BY**  
MAD SCIENCE of Portland & Vancouver  
1522 N. Ainsworth St., Portland, OR 97214  
(503) 230-8040



# WE'VE GOT FUN DOWN TO A SCIENCE!

The West Linn-Wilsonville School District does not sponsor or endorse the activity and/information contained in this flyer.

# ACTIVITY REGISTRATION FORM

CITY OF WEST LINN

REGISTER ONLINE AT [www.westlinnparksandrec.com](http://www.westlinnparksandrec.com)

PARTICIPANT NAME \_\_\_\_\_ M or F DOB \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_ DOB \_\_\_\_\_ SCHOOL \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ E-MAIL \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

ANY MEDICAL CONDITION, ETC. \_\_\_\_\_

IF YOU HAVE A DISABILITY AND REQUIRE AN ACCOMMODATION IN ORDER TO PARTICIPATE, PLEASE EXPLAIN HERE \_\_\_\_\_

CITY OF WEST LINN RESIDENT? \_\_\_\_\_

YES NO

CLASS #

ACTIVITY TITLE

START DATE/TIME

_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

TOTAL Amount Due \$ \_\_\_\_\_

Recreation Scholarship Fund: YES, I would like to contribute   \$1.00     \$2.00     \$5.00  , or other \$ \_\_\_\_\_ to the Recreation Scholarship Fund. This fund allows children from West Linn to attend recreation programs in our City who otherwise may not be able to participate. Please include this with your payment. Thank you for your donation.

Make Check to: City of West Linn  
Mail to: City of West Linn  
Recreation Program  
22500 Salamo Road, #1100  
West Linn, Oregon 97068  
503.557.4700  
503.656.4106 Fax

Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ \$ Amount to charge \_\_\_\_\_

Charge card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Office Use Only: Approval Code \_\_\_\_\_

## WAIVER

In participating in Recreation Programs, sponsored by The City of West Linn, I hereby acknowledge that I understand that there are risks of accidents resulting in bodily harm to me arising out of those activities. I understand that Recreation activities are planned with the safety of the participants in mind. I further acknowledge that I have the physical capacity reasonably necessary to engage in Recreation activity for which I have enrolled. In case of emergency, accident or illness, I give my permission to be treated by a professional medical person and admitted to a hospital if necessary. I agree to be the party responsible for all medical expenses which are incurred in my behalf. It is understood and agreed that the City, its Mayor, City Council, Boards, employees, volunteers and agents shall be held harmless against all claims, damages, loss or expenses including attorney's fees arising out of or resulting from my participation in recreation programs. I agree pictures taken may be used for future promotions.

\_\_\_\_\_\* I have read the above waiver and understand the contents\*\*

\_\_\_\_\_  
Signature (Parent or guardian)

For Staff use only  
Registered in RecNet by \_\_\_\_\_ on \_\_\_\_\_