

Pomfret Recreation presents



THEME: SUPER HERO ENGINEERING! July 13-17 2015 In The PCS Cafeteria

Ages 5-7 camp runs from 9am - 12:00pm Ages 8-10 camp runs from 1:00pm - 4:00 pm

Ages 5-7 Super Hero Engineering: Save the world with LEGO® Super Heroes! Build the hideouts and vehicles of your favorite caped crusaders and learn what makes them not only Super Heroes, but Super Hero Engineers! An experienced Play-Well instructor guides young heroes as they design, build, and save a city where ingenuity and imagination can solve any conflict.

Ages 8-10 SUPER HERO MASTER ENGINEERING: LEGO® Super Heroes need your help to defeat the destructive forces of evil arch-villains as they threaten LEGOPolis! Explore the tools and techniques of your favorite caped crusaders and learn what makes them not only Super Heroes, but super engineers. An engineering curriculum designed by Play-Well challenges heroes to design, build, and save a city where ingenuity and imagination can solve any conflict.

Drop off and pick up will be in front of the P.C.S. Cafeteria

Register & pay by June 22rd: \$135.00 Registration & payment received on or after June 23rd will be \$145.00

Please mail and make checks payable to:

Pomfret Recreation Dept., 5 Haven Road, Pomfret Center, CT 06259. 974-1423 or B.Gagnon@pomfretct.gov

Lego Camp Registration July 13-17. (Please print and list only 1 child per form)

Which camp are you signing your child up for: 5-7 or 8-10 _____

Student _____ M/F _____

Current Age of Camper _____ Parent Name(s) _____

Home Phone _____ Cell Phone _____

Address _____

Parent E-mail _____

Emergency contact person in the event parents are not available: Name _____ Phone # _____

Does your child have any medical needs/conditions that the staff should be aware of? _____

If Yes, please explain _____

I, the undersigned, hereby release any and all claims I may have against the Town of Pomfret or the Pomfret Recreation Commission, Program Supervisors, its directors, agents, and employees and other officials that represent the Play Well Teknologies group as a result of my child's participation in these classes. I agree to emergency medical care, if I am unavailable. I understand space is limited and will be made available on a first-come, first-serve basis until the class is full. No refunds after 5/1/14. I comprehend that there are no refunds for missed classes. I understand there is a \$20 fee for checks returned to the PRD by the bank.

Children must behave as they would in school, disruptive behavior may result in dismissal from the camp w/o refund.

I have enclosed payment of \$ _____ Cash _____ Check # _____

Date Received _____ Late Fee? _____

Date _____ Signature of Parent/Guardian _____