



EXTREME LEGO[®] MAKER

READY TO HAVE FUN?
JOIN US!

EXTREME LEGO[®] MAKER

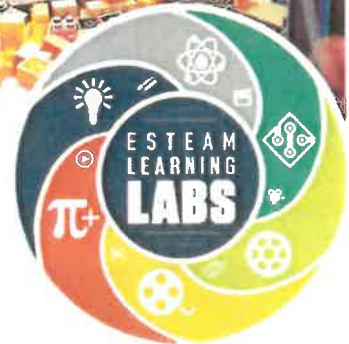
This is every LEGO[®] lovers DREAM Camp

5 STEAM camps in 1 that includes:

- LEGO[®] Science: Simple & Amazing Machines
- LEGO[®] Technology: Movie Making
- LEGO[®] Engineering: Robotics & Programming
- LEGO[®] Art: Mosaic, Story Tellers & Maker Space
- LEGO[®] Math: Math Games & Master Builders

AGES 5-9

- Communication Skills
- Technology Operations
- Critical Thinking Skills
- Creativity
- Engineering Process / Coding



ENTREPRENEURSHIP - SCIENCE - TECHNOLOGY - ENGINEERING - ARTS - MATHEMATICS

DETAILS



EXTREME LEGO MAKER
APRIL 24, 10AM - 1PM
HUTTO FAMILY YMCA

ENTREPRENEURSHIP - SCIENCE - TECHNOLOGY - ENGINEERING - ARTS - MATHEMATICS

HUTTO FAMILY YMCA

REGISTRATION FORM

Extreme Lego Maker	Saturday, April 24th 10am-1pm
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NAME OF CHILD: _____ GENDER: _____ AGE: _____

PARENT/GUARDIAN NAME(S): _____

HOME PHONE: _____ CELL/WORK PHONE: _____

Please **INITIAL** or **ANSWER** all lines to indicate received written policies / materials and agree to terms with **SIGNATURE** below.

_____ **ADA Policy (REQUIRED):** Parents have the obligation to disclose significant, medical, physical or behavioral issues at the time of the child's enrollment and on an ongoing basis. Due to the large group format of our program, we are unable to provide one-on-one care for any child exception an intermittent basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children.

_____ **Waiver for Medical Treatment (REQUIRED):** In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize Y staff to make arrangements to transport my child to the nearest hospital emergency facility. I also give my consent for any and all necessary medial treatment, if, in fact my child requires the attention of a physician.

_____ **Waiver for Participation (REQUIRED):** I understand that Y activities have inherent risks and hereby assume all risks and hazards to my child in the participation of these activities. I further waive, release, absolve, and agree to hold harmless the Y, the organizers, volunteers, supervisors, officers, directors, participants from any claims or injury sustained during my child's use of the facilities or participation in the Y program.

_____ **Waiver for Photo / Video / Audio Release (OPTIONAL):** I give my consent for any photos, video and/or audio taken of my child involved in Y programs to be used for Y promotions, trainings and/or displays.

_____ **Change / Cancellation / Refund Policy (REQUIRED):** I understand that changes / cancellations / refunds are not permitted under unless a physicians note is submitted stating the inability to complete the class. A program cancellation form must be completed at the Member Services Desk and are allowed at the discretion of the program director.

_____ **Additional Notes (REQUIRED):** Financial assistance is available for all those who qualify. For any questions, please contact the Hutto Family YMCA at (512) 846-2360

X Parent /Guardian Signature _____ Date _____

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YMCA STAFF USE ONLY

STAFF NAME	DATE	AMOUNT PAID	PAYMENT VERIFIED BY