

Thompson Recreation and Mad Science present

Secret Agent Lab: James Bond Edition

For Grades K - 6

Develop your special agent and detective skills in this super hands-on week of fun! Uncover the Science involved in evidence-gathering and analysis. Become a super sleuth and discover many of the

science-based "tricks" that spies use. From decoding messages to metal detectors and night vision, campers will have the opportunity to check out spy equipment, and discover the exciting technological tools of detection.

Monday through Friday July 19 - 23, 2010

10 am - 12:30 pm at the Thompson Library Community Center

Register & pay by July 12 Received July 13 or later

Thompson residents	\$109	\$114
Non-residents	\$115	\$120

Students must be picked up by 12:30p.m. Please bring photo ID.



Note: Financial Assistance is available for this program. For guidelines and an application, visit our website or stop by the Recreation office. The Financial Assistance Application must be sent in with this form. If applying for assistance, do not submit this form without the financial aid application form.

You may send registration with payment to TRC, PO Box 899, No. Grosvenordale, CT 06255 or stop by Town Hall to register. Make checks payable to TRC. Questions? Call us at 923-9440. Additional forms available at www.thompsonrec.org

Mad Science Registration July 19 - 23, 2010

(Please print and list only 1 child per form)

Student _____ Age. _____ DOB _____

Parent Name(s) _____ Home Phone _____ Cell Phone _____

Street Address _____ Town _____ State ____ Zip _____

Mailing Address (if different from above) _____

Parent E-mail _____ Work # _____

Other Emerg Contact Person _____ Their Phone # _____

Does your child have any medical needs/conditions that the staff should be aware of? _____ If Yes, please explain

Does he/she have a prescribed inhaler or epi-pen? _____ Will meds need to be taken during this program? _____

I, the undersigned, hereby release any and all claims I may have against the Thompson Recreation Commission, its directors, agents, and employees and other officials as a result of my child's participation in the Mad Science classes. Photographs of my child can be used for program promotion. **Also, I give permission for my child to receive 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. I understand there are no refunds for missed classes. I understand there is a \$20 fee for checks returned to TRC by the bank.

The following people, in addition to parents listed above, have permission to pick my child up after class. I understand photo I.D. must be presented.

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

I am applying for financial assistance (all Financial Assistance paperwork must be sent in with this form.) _____

Parent or Guardian Signature _____ Date _____