



# Techno Crazy!

**Session 1:** 7125

**Date:** Thursdays, January 19-February 9

**Session 2:** 7126

**Date:** Thursdays, February 23-March 15

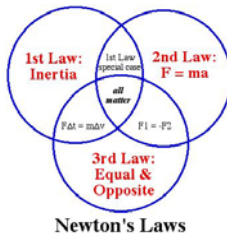
**Time:** 6:15-7:15 p.m.

**Location:** Crystal Community Center  
4800 Douglas Drive

**Fee:** \$46 per session for residents of New Hope,  
Crystal & Robbinsdale  
\$53 per session nonresidents

**Register with:**

New Hope Parks & Recreation  
4401 Xylon Avenue North  
New Hope, MN 55428



Newton's Laws

**Register by phone with a major credit card:**

763-531-5151

**Online Registration:** Go to [www.ci.new-hope.mn.us](http://www.ci.new-hope.mn.us) and click on Rec Express. You will need a Password and Login ID number to register online.

Youth in grades 1-5 take both 4 week classes and get Techno-Crazy with Mad Science this winter! Learn the basic forces that make technology possible: use Newton's laws to make things move, convert potential energy into kinetic energy, leverage simple machines to do your work, and use gravity to keep your balance. Explore the world of future technology as we set up a cellular tower relay to track our friends, program and command real robots, harness the power of the sun's heat, and make light from a liquid. Continue your techno-crazed exploration on your own with your Inertia Kit, Catapult, Drag Racer, Gravity Game, Optical Fibers, Mechano- Hand, Crank'n Shine Flashlight, and Black Light Writer. *Session 1 register by January 11, session 2 register by February 16.*

Refunds, program credits or transfers are allowed up to one week prior to start of the program. 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 or to process the payment as a check transaction.

**Techno Crazy! - Winter 2012**

Name \_\_\_\_\_ Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex (M or F) \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Email Address \_\_\_\_\_ Special Needs? \_\_\_\_\_

\_\_\_\_\_ Session 1 (Jan 19-Feb 9) \_\_\_\_\_ Session 2 (Feb 23-March 15) Amount Enclosed \$ \_\_\_\_\_

*I, the undersigned participant, authorize the City of New Hope to disclose to the City's insurer, attorney, staff, and other personnel involved in this program, the participant's name, address and telephone number for the purpose of program administration. I understand that the records are protected under state and federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided by law. I hereby agree to allow the individual named herein to participate in the aforementioned activity, and further agree to hold the City harmless for any claim resulting from participation in this activity. I further give consent for any photos or videos taken during the program to be used by the city in promotional materials.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_