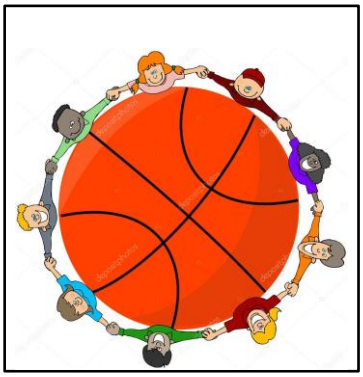
Stay and Play Afterschool Classes

at Twinbrook Elementary School



Little Hoops Basketball (6 Week Session)

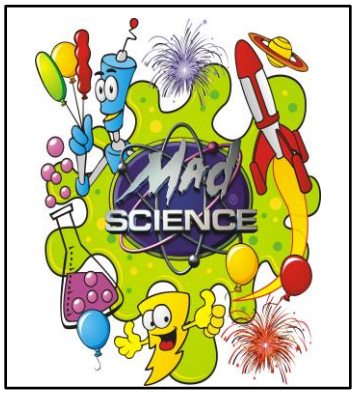
This is a beginner level basketball class that will focus on teaching children the fundamental skills of basketball while having fun and being active! Children will participate in various drills and games to hone their basketball skills while also learning valuable lessons such as teamwork and friendship. Come play and learn with us! (No class 2/17)

GRADES	COURSE #	DATES	TIME	COST
K-2	12378	Mon., Feb 3 – Mar 16	3:50 – 4:45 p.m.	$ 59R/$ 69NR

Tiny Chefs – Snack Attack (6 Week Session)

During these weeks' students will push the limits on snack concept and prepare a variety of wholesome, delicious, and unique nibbles. This is not your mother's PB&J! Chefs will prepare a variety of bite-sized munchies like chicken salad cups, homemade granola bars, veggie nachos, roasted red pepper hummus with homemade pita chips, and more. No one will go hungry these weeks!

GRADES	COURSE #	DATES	TIME	COST
K-5	12385	Tues., Jan 28 – Mar 03	3:50 – 5:00 p.m.	$155R/$165NR



Mad Science – Experimentamania (8 Week Session)

Experimentamania is a cornucopia of experiments! Children will uncover the vital role that science plays in detective work, examine the science behind popular toys and get to buzz out the amazing world of insects! Your Mad Scientists will explore Earth Science, weather phenomena, and experiment with some kitchen chemistry. Children will build their own Mad Science Machine, and create their very own short animated cartoon! (Check out free demo on Jan 14, 5pm)

GRADES	COURSE #	DATES	TIME	COST
K-5	12382	Thur., Jan 23 – Mar 12	3:50 - 5:00 p.m.	$145R/$155NR

Registration is open now! Register early to avoid cancelations or waitlists. Financial assistance available for qualified city residents, please call 240-314-8620 to inquire.

To Register: Complete the form on the back.

Mail to: 111 Maryland Ave., Rockville, MD 20850 or fax to: 240-314-8659.

Register online at rockvillemd.gov/registration

For more information, email stayandplay@rockvillemd.gov

City of Rockville Get Into It

www.rockvillemd.gov • 240-314-8620

Registration Form | Formulario de inscripción

***Required Info | Info Requerida**

❑ Check here if this is a new address, phone number or email address. Please print. This form may be copied.

❑ Marque aquí si esta es una dirección nueva. teleefono o dirección de correo electrónico. Por favor imprima. Esta formulario puede ser reproducido.

Contact Information | Información del contacto

Last Name | Apellido*	First Name | Nombre*	Birthday | Fecha de nacimiento (mm/dd/yy)*	Email*
Address | Dirección*	City | Ciudad*	State | Estado*	Zip | Código postal*
Home Phone | Teléfono de Casa*	Work Phone | Teléfono de Trabajo	Cell Phone | Celular	

Emergency Contact | Contacto de Emergencia

For participants under 18 | Participante menor de edad

Name | Nombre*	Relationship | Relación*	Phone | Teléfono*

Participant's Name (Last, First) Apellido y Nombre del Participante	Birthday (mm/dd/yy) Fecha de Nacimiento (mm/dd/yy)	Sex Sexo	Activity Name Nombre de la Actividad	Activity Number Número	School Attending Escuela a la que asiste	Grade Grado	Fees* Costo*

Rec Fund | Fondo de rec.: $_____ Sr. Ctr. Mem | Centro de Ancianos: $_____ Multi-Course Discount | Descuento por asistencia a varios cursos: $_____
$10_____ $25_____ $50_____ Other $_____ Contribution to Recretion Fund Youth Scholarship | Contribución adicional al Fondo de recreación: $_

Processed by:	Date Processed:	Total Paid: $	Total Amount Due: Cantidad Total:

Program Modifications: Participants with disabilities should contact our office prior to activity.

Payment | Pago

Name on Card | Nombre en la tarjeta	Credit Card Number | Número en la Tarjeta de Crédito	Security Code | Código de Seguridad	Expiration Date | Fecha de Expiración
Payer Address (If different than above) Dirección del Pagador (si es diferente que la de arriba)			
❑ Visa | ❑ Mastercard | ❑ Cash | ❑ Check#_____	City | Ciudad	State | Estado	Zip | Código Postal
Cardholder Signature | Firma del Dueño de la Tarjeta			

Release, Waiver, Assumption of Risk and Consent | Descargo y exención de responsabilidad, asunción de riesgos y consentimiento

Participation in the program may be a hazardous activity. Participant should not participate in the program unless participant is in good physical shape and is medically able. Participant (or parent or guardian on behalf of a minor child participant) assumes all risks associated with participation in this program, including but not limited to, those generally associated with this type of program, the hazards of traveling on public roads, of accidents, of illness, and of the forces of nature. In consideration of the right to participate in the program and in further consideration of the arrangement made for the participant by the Mayor and Council of Rockville through its Department of Recreation and Parks for food, travel, and recreation, the participant, his or her heirs, and executors, or a parent or guardian on behalf of a minor child participant, agrees to release and indemnify the Mayor and Council of the City of Rockville and all of its agents, officers and employees, from any and all claims for injuries or loss of any person or property which may arise out of or result from participation in the program. The participant (or the parent or guardian on behalf of a minor child participant) grants permission for a doctor or emergency medical technician to administer emergency treatment of the participant and consents to the City's use of photographs taken or videotapes made of the program that include the participant. Neither the instructor nor any of the staff are responsible for participants prior to or after the scheduled program. By providing your email address you are agreeing to sign up for the Rockville & Recreation and Parks mailing list to receive email updates about our programs. All information collected will be used in accordance with the City of Rockville privacy policy. You may withdraw your consent at any time.

Participación en el programa puede ser una actividad peligrosa. Participante no debe participar en el programa a menos que el participante está en buena forma física y es médicamente capaz. Participantes (o padre o tutor en nombre de un participante menor de edad) asume todos los riesgos asociados con la participación en este programa, incluyendo pero no limitado a, los generalmente asociados con este tipo de programa, los riesgos de viajar en las vías públicas, de accidentes, de enfermedad y de las fuerzas de la naturaleza. Teniendo en cuenta el derecho a participar en el programa y en consideración del acuerdo por el participante por el Alcalde y Consejo de Rockville a través de su Departamento de recreación y parques para comida, viajes y recreación, el participante, sus herederos y ejecutores, o un padre o tutor en nombre de un hijo menor de edad pudiera derivarse de o como resultado de la participación en el programa. El participante (o el padre o tutor en nombre de un participante menor de edad) concede el permiso de un médico o un técnico médico de emergencia administrar tratamiento de urgencia de la participante y consiente al uso de la ciudad de fotografías o videos del programa que incluyen al participante. Ni el instructor ni ninguno de el personal es responsable de los participantes antes o después del programa.

* Signature of Participant/Guardian | Firma del participante/tutor _____