

Sponsored by the Town of Southeast Recreation Department

Minds in Motion Science Club

DIRECTOR: Minds In Motion, NJ

DATES: Thursdays - Oct 14, 21, 28 / Nov. 4, 18, / Dec 2, 9, 16

GRADES: 3 thru 5

TIME: 4:30pm to 5:30pm Max Students 15

LOCATION: Lakeview Manor—215 Shore Drive

FEE: \$155 Payable to Town of Southeast



Build and take home your very own RE/CO Robot! RE/CO robot is a mechanical off-roading adventure! It comes equipped with an infrared sensor and artificial intelligence. Its ability to be controlled wirelessly, and its tank-like tracks, make it perfect for rugged conditions! With the wireless remote control added, RE/CO Robot can access new play modes like storytelling, singing, dancing, and even programming. Students can enjoy guiding it over all sorts of terrain or allow the friendly robot to lead the way, using its infrared sensor to find a clear path in patrol mode. For parents who look to get the most out of their children's time, RE/CO Robot is a great all in one package! It combines assembling with 106 pieces, STEAM learning with infrared sensors, programming with easy directional commands, and having fun with the freedom of a handy wireless remote control!

ACTIVITIES REGISTRATION FORM

PROGRAM: _____ **GRADE:** _____

NAME: _____ **MALE:** _____ **FEMALE:** _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

PHONE: (HOME) _____ **(WORK)** _____ **(CELL)** _____

EMERGENCY CONTACT: _____ **PHONE:** _____

FEE (non-refundable) : **CREDIT CARD:** _____ **CHECK:** _____ **CASH:** _____

CREDIT CARD INFO (No Amex): Number" _____

Beginning September 2017 all programs will be subject to a 2% processing fee for all credit card payments.

Expiration date: _____ **Security Code:** _____

E-MAIL ADDRESS: _____

_____ has my permission to participate in the Southeast Recreation program. I assume all risks and hazards incidental to such participation including transportation to and from activities. I do hereby waive, release, absolve, indemnify and agree to hold harmless the sponsors and coaches for any claim arising out of an injury to my child. I also understand that it is my responsibility to notify the instructor of any MEDICAL/PHYSICAL condition that could limit my child's participation or that requires special attention.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

Mail or drop off at: Town of Southeast Recreation Department
1 Main Street / Brewster, NY 10509 / phone: (845)279-3915
E-Mail: recreation@southeast-ny.gov Website: www.southeast-ny.gov



The Brewster Central School District neither sponsors nor endorses this event or organization. This information is distributed in line with the district's goal to provide information regarding activities of general public interest which promote the education or other best interests of the students. Questions regarding this activity should be directed to the organization, not the District.