What’s your favorite thing to play with? Have you ever thought what might make it better? Now is your chance to put those ideas to good use. Your idea could be the next big thing – and make you millions! It all starts with a single thought. This class will tap your interests and skills to help you develop the big idea that could put you on the path to success! Your inventions could also help others in need as we explore making opportunities out of necessity.

**Invention Convention**

**Mondays**

**April 6 - May 11**
at Ivy Hall
**3:05 - 4:05 pm**
Art Room

![On-line registration is available at bgparks.org](image)

Set up your account today!

**$102 for a 6 week session**

- Parents are responsible for transportation from school.
- All materials supplied by Wicked Science
- Personal absences are forfeited.
- Cancellations will only be refunded if the spot can be filled to meet class minimum requirement.
- For questions, please contact Amanda Busch at 847.850.2134.

**Forms can be faxed to 847.459.5741 or mailed to**
The Buffalo Grove Park District
530 Bernard Drive, Buffalo Grove, IL 60089

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**Student Name:** ____________________________  **Birthdate:** ___________  **Gender:** ___________  **Grade:** ___________

**Home Number:** __________________________  **Parent Name:** __________________________  **Parent Number:** __________________________

**Street Address:** __________________________  **City:** __________________________  **State:** ___________  **Zip Code:** __________________________

**Parent Email:** __________________________  **Teacher Name:** __________________________

**Payment** (Payable to Buffalo Grove Park District)  **Cash**  **Check**  **Credit Card (Visa, MasterCard, Discover)**

Class # 461161-03

**Name on Card:** __________________________  **Card Number:** __________________________  **Expiration:** ___________

**Authorized Signature:** __________________________  **Date:** __________________________

**Waiver and Release of All Claims - Must be signed or registration cannot be processed.**

Please read this form carefully and be aware that in registering yourself or your minor child/ward for participation in Buffalo Grove Park District programs, you will be waiving and releasing all claims for injuries you or your child/ward might sustain arising out of said programs. I recognize and acknowledge that there are certain risks of physical injury to participants in the program(s), including transportation services, for which I have registered and I agree to assume the full risk of any such injuries, damages or loss, regardless of severity, which I or my child/ward may sustain as a result of participating in any activities connected or associated with any such program(s), including transportation services. I hereby fully release and discharge the Park District and its officers, agents, servants and employees as a result of participating in any of these program(s), including transportation services. I hereby fully release and discharge the Park District and its officers, agents, servants and employees from any and all claims I or my child/ward may have against the Park District and its officers, agents, servants and employees as a result of participation in any of these program(s), including transportation services. I further agree to indemnify and hold harmless and defend the Park District and its officers, agents, servants and employees from any and all claims resulting from injuries, damages and losses sustained by me or by my child/ward, and arising out, connected with, or in any way associated with the activities of any of the program(s), including transportation services. **Photo Disclaimer:** Registrants and participants of programs and special events permits the Park District to take photos and videos of themselves and/or their child/ward for publication in the program brochure, website and additional uses as the Park District deems necessary unless the registrant or participant expressively files with the Park District a written objection as to photos or videos of themselves and/or their child/ward.

I have read and fully understand the program details and waiver and release of all claims.

**Signature of Participant (or of parent if participant is under 18)** __________________________  **Date** __________________________

Printed Name __________________________