

First Lego League

Who: Youth ages 9-14
Dates: Sept. 7 —Dec. 16**
Day/Time: Fridays 6:30 pm—8:30 pm
Additional meetings will be scheduled closer to the time of competition. **End date is dependent on date of scheduled competition.

Where: Lewis Bldg.
248 Boston Rd
Fee: \$130

Need more information?
Call the Billerica Recreation Department
978-671-0921

**Is your room covered in LEGO® blocks?
Do you like robots?
Can you think like a scientist?**

If so, this is the team for you! The Billerica Recreation offers this fun and special LEGO® opportunity! Join other LEGO® fanatics in creating super robots and competing with other teams from around Massachusetts to solve the challenges posed each year! *This is not a casual group, students must commit to attending weekly meetings, doing research and assignments as you help your team complete their challenge. Parents-the focus of the FLL philosophy is for the KIDS to work together as a team with guidance provided by the coaches only.*

This Year's Mission: **INTO ORBIT** ^(sm) Sending people into space is one of the hardest challenges humans face. Rockets are complex and dangerous, and space is an unforgiving place. Space explorers face the physical problems of just staying alive, and if they are away from Earth for years at a time, they may also face social problems as well.

Learn More about FLL
at: <http://www.firstlegoleague.org/>



BILLERICA RECREATION DEPARTMENT * 248 BOSTON ROAD * BILLERICA, MA 01821
REGISTRATION FORM

Program: **Session 23521-A** **First Lego League 2018**

Participant's Name _____ Birth Date: _____ Grade _____

Address _____ State _____ Zip _____

Parent/Guardian Telephone Number (H) _____ (W) _____ (cell) _____

Email: _____ Is Paren/Guardian able be a Coach/Mentor? YES NO

Special instructions and/or information that an instructor needs to be aware of:

This is to certify that _____ has my permission to participate in the program indicated above being conducted by the Billerica Recreation Department or its agents. I hold harmless any member of the Recreation Department or its agents from any and all injuries that might be sustained by the participant during the program. Further, this verifies that the participant is up to date with his/her immunizations and is able to participate in all activities. In the event of injury, I grant permission to provide/acquire medical care or assistance. By registering for a program, I give Billerica Recreation permission to take and publish photos of me or my dependent participating. Our pictures and our names may be used for promotional purposes. (note: if you do not wish to be photographed, you must include this request in writing along with this registration)

Signature of Adult/Parent/Guardian _____ Date _____

Emergency Information: If we can not reach you at the number listed above, please call:

Name _____ Phone Number _____