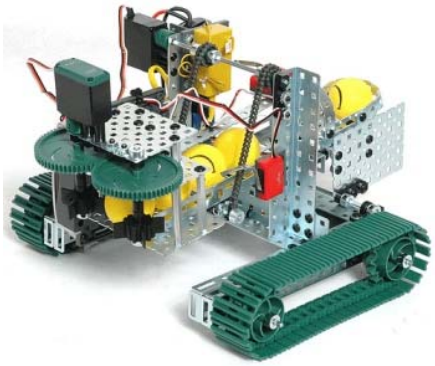
Summer Robotics Day Camps

"Three, two, one… go!" With the push of a button electromechanical wonders are unleashed. ROBOTS! Students experience the thrill of mastering basic concepts in robotics, computer programming, and mechanical design while solving a challenging problem. Campers experience intense design and construction interspersed with essential skill and knowledge building activities necessary to rise to the occasion and create a solution to the robotic challenge.



Program Highlights:

Robotics, Education and Challenge
June 11-14th and June 18-21st
8:00 AM to 2:00 PM
See www.ccisd.net for details
Daily Snack
T-Shirt
Loads of Fun!

Everyone achieves success as their robot scurries across the field in a brave attempt to solve the challenge. The camps emphasis is on the creation of an enjoyable learning environment with real-world, concrete outcomes. Join us for the fun.

EARLY Program: (3rd to 5th grade in the fall of 2012) This program will introduce students to the use of simple machines to gain mechanical advantage and the engineering process of building simple robots to accomplish specific tasks.

NXT Program: (4th and 5th grade in the fall of 2012) This program will introduce students to the principals of robotics. The campers will use the LEGO NXT Mindstorm kits to learn about sensors and the engineering process of building simple robots to accomplish specific tasks. This program will challenge students to work with closed loop and open looped programming.

Vex Robotics(6th – 8th grade in the fall of 2012) This program will introduce students to the principals of robotics. The campers will use the Vex Robotics kits to learn about the engineering process of building robots to accomplish specific tasks.

Space is extremely limited, so register now!

Application and Money due by 3:00 PM on Thursday May 31st, 2012

Turn in application to your child's campus or
Mail to 2425 East Main St. League City Texas 77573

ROBO Camp

Registration and Authorization Form

Campers must be entering grades 3 to 8 in the fall of 2012

Indicate your choice: ☐ EARLY ☐ NXT ☐ Vex Robotics

June 11to June14th **June 18 to June 21st**

Time: 8:00 AM to 2:00 PM

Child's Name: _____ Age: _____ Birth date: _____

Name of friend registering for the same session: _____

☐ Male ☐ Female Grade next year: _____ School: _____

Shirt Size:
(PLEASE Check One)

Youth Small	Youth Medium	Youth Large	Adult Small	Adult Medium	Adult Large	Adult X-Large

Previous robotics experience: Little or no LEGO NXT experience
Some LEGO NXT experience
Lots of LEGO NXT experience

Parent's Names (mom then dad): _____ Email: _____

Home Phone: _____ Address: _____

Mom/Dad Cellular Phone: _____/_____ City: _____ Zip: _____

Mom/Dad Work Phone: _____/_____

Where did you hear about this camp? _____

¤ Check attached… *Hurry, space is extremely limited!*
Spaces will be filled on a first come first served basis.

Make checks payable to ***Clear Creek ISD Robotics***

Registration Fee is ***$50*** for one week, day camp session

Questions? E-mail at lmedina@ccisd.net cell #281-830-3181.

Medication/Medical Conditions:

Medications: Medication will be administered ONLY with prior written consent of parent and must be prescribed by a physician. All medications must be checked in with camp staff by a parent along with a medication consent form. Written instructions are to include medication, dosage, and conditions under which it is to be administered. All medications MUST be in their original container and have an unaltered label. Children are not allowed to bring or administer their own medication. Asthma inhalers can be self administered. Epi-pens may be used by camp staff in cases of severe allergic reaction.

Medical Conditions: The intent of this document is to provide medical information should your child become injured or ill while participating in a Summer Robotics Day Camp activity and requires assistance or treatment by medical professionals. In all cases, you will be contacted as soon as possible after an injury or illness occurs. Your signature grants CCISD Robotics and its agents the right to authorize emergency medical treatment for your child if you can not be reached.

Please describe medications and medical conditions ONLY if they affect the safety of your child or the appropriate medical treatment should an injury or illness occur.

Non-Parent Emergency Contact/Relationship (1): _____/_____Phone: _____

Non-Parent Emergency Contact/Relationship (2): _____/_____Phone: _____

Medication: _____ When is it administered?: _____ Dosage: _____

Medication: _____ When is it administered?: _____ Dosage: _____

Medical Condition: _____ Symptoms: _____

Appropriate Response: _____

Allergies (Food or other): _____

Parent's Signature: _____ Date: _____

Transportation & Authorizations:

The only people that your child will be released to are those listed on this form. Persons authorized must be at least 18 years of age. If someone other than a parent will pick up your child, please provide us with prior written notice. If there is an emergency, and no one on your list can pick up your child, the parents/guardians should call (832) 338-2681 or send a signed note of authorization with the person that will be doing the pickup..

Authorized Pickup Adult/Relationship (1): _____/_____Phone: _____

Authorized Pickup Adult/Relationship (2): _____/_____Phone: _____

I hereby grant to CCISD Robotics ands its agents permission to photograph and/or videotape my above named child during CCISD Robotics activities. I further grant the right to use these photographs and video for educational or promotional purposes. I hereby waive any claims or causes of action now or hereafter against CCISD Robotics or its agents arising out of my child's participation and I will indemnify and hold harmless against any and all claims resulting from such participation. In the event my child is injured or becomes ill while involved in a CCISD Robotics activity, I hereby authorize such aid or treatment as may be necessary under the circumstances to include treatment by a physician or hospital.

Parent's Signature: _____ Date: _____