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2427 LYNX LANE ORLANDO FL 32804 TEL: 407.253.7304 FAX: 407.253.7305 HTTP://WWW.ORLANDOSCIENCE.ORG

Robotics Summer Camp 2017 Presented by Team FRC 4013

Our Summer Camps are designed to introduce students entering 4-8th grades to the world of engineering and robotics.

In our camps students are introduced to programming concepts using the Lego Mindstorm and EV3 systems. Students will also delve into STEM with our theme daily activities and participate in daily challenges. No previous experience is required.

Please note, camp staff may not be trained to assist special need learning styles. The camps require campers to demonstrate teamwork skills and cooperation in social settings. Parents are asked to consider this when registering for camp. The camps will be conducted at the Orlando Science High School campus. Registration fee is \$300.00 per week. Lunch and snacks are included in the price. Sessions may be canceled due to low registration.

Payment is due along with registration form. Payments methods accepted are cash, and checks. Make checks payable to **Orlando Science Schools**. Form and fees can be mailed to (or drop off at):

Orlando Science Schools Attn: Maribel Barea 2427 Lynx Lane Orlando, FL 32804

Please completely fill the attached form and mail or turn everything in before June 9th, 2017. Seats are limited and are first come, first serve. For additional information contact: Maribel Barea at maribel.barea@orlandoscience.org or visit our website: www.clockworkmania.orlandosciencerobotics.org

Robotics Summer Camp Application

Participant Information

Printed Name:			
Address:			
Home Phone:	Cell Ph	none:	
Email:			
School:			
Current Grade (as of August 2017): _		Age:	
Parents/Legal Guardian/Emerç	gency Contacts		
Name:			
Address:			
Relationship with Participant:	Hom	e Phone:	
Cell Phone:	Work Phone:		
Email:			
Name:			
Address:			
Relationship with Participant:	Home Phone:		
Cell Phone:	Work Phone:		
Email:			
Additional adults authorized to pick (up your child:		
Name:	Age:	Relationship:	
Name:	Ace.	Relationshin:	

Medical Information

Emergency Contact (besides Parent or C	Guardian):
Emergency Contact Number:	
Doctor's Name:	
Medical Insurance Number:	
Insurance Member Name:	
Does your child have any food allergies of	or type of illness that needs to be monitored?
Yes No	
Explain:	
	ould know:
Liability Release	
give my full consent for my child to join the	parent of nis robotics camp and I hereby know that Orlando rs do not accept any liability that may occur during th
Parent Name:	Phone:
Parent Signature:	

ELECTRONICALLY DISPLAYED WORK/ MEDIA PARTICIPATION FORM

Orlando Science Schools will publish a variety of teacher and student projects on the internet. Your signature below acknowledges permission for such work to be published should your child's work be chosen.

Work De Crieseri.
My child's work and/or photograph, which may be accompanied by his/her first name (and last initial if two children have the same first name), may be electronically displayed and published by Orlando Science Schools.
Yes No
With my signature, I give permission and release Orlando Science Schools and Orange County Public Schools from any liability resulting from or connected with the publication of such work.
In granting such permission, (I) (We) hereby relinquish and give to the Orlando Science Schools of Orange County, Florida, all right, title and interest (I) (We) may have in the pictures, negatives, reproductions or copies, further waive any and all right to approve the use of such photographs, motion pictures or video tapes and further do waive any right to compensation for the publication or other use of said photographs, motion pictures or video tapes and do release the Orlando Science Schools, Florida, its agents, licensees, representatives and assigns from any and all claims of any nature whatsoever arising from their use.
Date Signed/Parent/Guardian Signature
Address City, State Zip

Relationship _____

Participant Responsibility Contract (Please initial each item)

`	,	Initials	
		Student	Parent
1.	We reserve the right to deny any application		
2.	Camp personnel cannot dispense medications, please make arrangements accordingly		
3.	No unruly behavior will be tolerated. Camp participants must follow the directions of school employees and camp volunteers. Failure in follow directions my cause a participant to be expelled from camp (without a refund)		
4.	We are not responsible for any "Act of God" situations that may impact the camp		
5.	Fees are nonrefundable 1 week before camp.		
6.	Complete applications with payment are taken on a first come first serve basis. If more applications are received that openings, additional applications will be placed on a waiting list		
Parent'	s Signature Date		

General Information

Location

Camps will be held at Orlando Science Schools, 2427 Lynx Lane Orlando, FL 32804

Date and Times

All camps run Monday to Friday.

Camps drop off starts at 8:30 am with workshops starting at 9:00 am. Pick up starts at 4:00 pm.

Lunch

Lunch is included in the cost of camp.

Payment

The cost of the camp is \$300.00 payable in cash or check made to "Orlando Science Schools". Payment and this form must be turned in at Orlando Science Schools (2427 Lynx Lane Orlando, FL) by Friday, June 9th, 2017**. **Incomplete applications or applications without payment will not be processed.**

Contact Us

For more information, please visit our website, www.clockworkmania.orlandosciencerobotics.org, or email maribel.barea@orlandoscience.org.

^{**} Space is limited and campers will be accepted first come, first serve until all spots are filled.