



FLATE Robotics & Engineering Camps Summer 2015

presented by

The Florida Advanced Technology Education Center of Excellence,
Hillsborough Community College – Brandon Campus, and the Suncoast Credit Union
Foundation



**ROBOTICS &
ENGINEERING
CAMPS FOR GIRLS**

FLATE Girls Only Robotics Camp is designed to introduce middle school girls to the world of robotics and automation so they can explore the applications in both the industrial and personal use

fields. The camp facilitators are from SDHC, HCC and local industry, all selected based on their experience and training. The camp is coordinated by the National Science Foundation funded Florida Advanced Technological Education Center (FLATE). Scholarships for this camp are provided by the Suncoast Credit Union Foundation. Camp is located at the Hillsborough Community College, Brandon Campus.

Girls Only EV3 Robotics Camp is open to all girls entering 5th – 9th grade as of September 2015.

The Suncoast Credit Union Foundation is providing scholarships for girls with low income families to attend the FLATE-HCC Robotics Summer Camps. There are fourteen scholarships that will be distributed on a first come, first served basis. To qualify for the scholarship, please do the following:

- Fill out the registration form.
- Girls can receive a scholarship to attend the other weeks of camp; however, the girls who select the Girls Week of Robotics Camp – June 15-19 will receive first preference for scholarships.
- Fill out the scholarship application indicating low-income status. Only 1 scholarship will be awarded per girl. There are a limited number of scholarships.
- Do NOT send in payment. If the scholarships are gone once you apply, Desh Bagley will email you and give you the option of paying the \$175 registration fee for camp.
- Mail all of the documents to the address below.

The camp will be conducted at the Hillsborough Community College, Brandon Campus, Student Services Building, BSSB 218, 10414 East Columbus Drive. All camp days are 8:00 am to 4:00 pm daily. Campers should not arrive prior to 7:45am. Campers should be picked up promptly at 4:00pm each day. Students are to bring their own lunch and snacks. Camp rates are \$175 per week if families wish to enroll in additional weeks of camp.

Please print pages 2 - 8 and fill them out completely. Forms and fees can be mailed to:

**Lourdes Fleurima / FLATE
10414 East Columbus Drive
Tampa, FL 33619**

All campers will receive a confirmation email once registration forms and fees are processed. If you do not receive a confirmation email from FLATE within 2 weeks of application submission, please email FLATE at camps@fl-ate.org to inquire about your child's camp registration status.

For additional information visit: www.fl-ate.org/projects/camps.html

or contact: Desh Bagley @ 813.253.7838 camps@fl-ate.org



Application for the 2015 FLATE Robotics Camp

During this exciting program, students will learn how to reconfigure Lego EV3 'Mindstorms' Robots and program them to follow specific commands, be part of 'robotic team challenges', learn design techniques utilizing software programs and the demonstration of a 3D printer to produce prototype parts. High school campers will program Arduino microprocessors and 3D print robotic arms.

In addition, campers will also take a tour through a highly automated manufacturing facility. The camp experience is designed to sharpen their skills in math, physics, the application of scientific principles and new technologies, along with examining careers in the fields of modern manufacturing. Campers will receive hands-on opportunities in STEM projects.

Please note, FLATE camp staff may not be trained to assist special need learning styles. The hands-on camps require campers to demonstrate teamwork skills and cooperation in social settings. Parents are asked to consider this when registering for robotics and engineering camp.

Girls who select the June 16th week of camp and have proof of low income families will receive preference for the Suncoast Credit Union Foundation Scholarships. However, scholarships are open to girls of low income families for any week of camp. 1 scholarship per girl. Thank you.



FLATE Robotics and Engineering Summer Camps - Registration Form

INTRO EV3 CAMP – GIRLS ONLY
June 15th – 19th

INTRO EV3 CAMP – ALL
June 22nd – 26th

INTRO EV3 CAMP – ALL
July 6th – 10th

INTERMEDIATE* EV3 (Session A)
July 13th – 18th

INTERMEDIATE* EV3 (Session B)
July 20th – 24th

HIGH SCHOOL ENGINEERING
July 27th – 31st

Name _____ Gender Female Grade (as of Sept 2015) _____

Student's Home Address _____

City _____ County _____ Zip Code _____

Is your child a previous FLATE camper? Yes _____ No _____

If "yes", what is your camper looking forward to learning and doing this summer:

Each camper gets one free camp shirt. Adult T-Shirt Size: S ___ M ___ L ___ XL ___ 2XL ___

Additional T-Shirt Request (\$10 per shirt): Qty _____ Adult Sizes _____

(Please include additional t-shirt costs with camp registration fees.)

Parent/Guardian(s) _____

E-mail (1) _____ E-mail (2) _____

Phone (1) _____ Phone (2) _____

Emergency Contact's Name _____

Emergency Contact's Phone _____ Relationship _____



FLATE Girls Robotics Camp Scholarship Application

Student Name: _____

Does your child qualify for free or reduced lunches?

(Please provide documentation from the school)

Student age: _____

School Name: _____

Please list all dependents living in household:

| Name | Relationship | DOB |
|------|--------------|-----|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Part 2 – EMPLOYMENT INFORMATION

Are you currently employed? Yes _____ No _____

| | |
|-------------|----------------------|
| Employer: | Spouse's Employer: |
| Occupation: | Spouse's Occupation: |

Part 3 – INCOME INFORMATION – Please provide a copy of your 2013 W-2 or IRS 1040 2014 W2 or IRS 1040.

Monthly Gross \$ _____ Spouse's Monthly Gross \$ _____

Please list additional income (i.e. Child Support, SSI, Alimony, WIC, Food Stamps, Other)

\$ _____

\$ _____

\$ _____

\$ _____

By signing this scholarship application, I certify that the information on this form is true and complete. I understand that any person who knowingly and with intent files an application containing any false, incomplete or misleading information may have benefits revoked and be held responsible for the fees covered by the scholarship.

Applicants Name (Printed) _____



FLATE Robotics and Engineering Summer Camps Medical Release Form



Campers may not begin program activities until the below form is completed, signed and on file with FLATE at Hillsborough Community College (HCC).

Any changes to information on these forms must be provided to FLATE staff on arrival to camp.

I, _____ (print parent/guardian’s name) as the parent/guardian of _____ (print child or ward’s name) permit my child to participate in the FLATE Robotics and Engineering Summer Camps at HCC.

FLATE Camp is held at the HCC Brandon located at 10414 East Columbus Drive in Tampa in the Student Services Building – Room 218.

The Camp is held Monday through Friday from 8:00a.m. to 4:00p.m. Drop-off and pick-up times are 7:45a.m.-4:00p.m sharp.

I understand the program is coordinated by FLATE Staff, Hillsborough County School District Educators, HCC Faculty, and HCC Students.

Camps do not include meals. Each child is responsible for bringing his/her lunch and snacks. Refrigeration will NOT be provided and NO microwave heating of food is allowed due to safety issues.

I have reviewed the FLATE Robotics and Engineering Summer Camp descriptions and I understand the information and activities of the program provided to me.

Please read the following carefully To eliminate any mistakes relative to the drop-off/pick-up of your child,. The names listed on the registration form include people who are able to drop off and pick up my child. Any other names should be given to camp staff in writing prior to pick-up.

1. If you must pick your child up at any time other than the normal dismissal time, you must report directly to the program coordinator for an “Early Release” form before contacting your child. A photo ID is required to pick up your child. The instructor will assist you with getting your child out of the activity.
2. The classes are conducted from 8am – 4pm. Child supervision will NOT be available before 7:45 a.m. or after 4p.m. for students. FLATE nor The College cannot and will not assume responsibility for children outside this time frame. Neither FLATE nor HCC is responsible for minors authorized to leave class without adult supervision.
3. FLATE Staff cannot administer any medications to your child including any over-the-counter medications.

4. Participant Health Insurance Information:

Child/Ward is covered by family medical/hospital insurance? Yes _____ No _____

If so, indicate carrier or plan name _____

Group Number _____

Name of Insured _____

Policy Holder ID Number _____

Name of Family Physician _____

Telephone Number of Family Physician _____

Name of Family Dentist/Orthodontist _____

Telephone Number of Family Dentist/Orthodontist _____

5. Does the camper have any allergies (including food, nuts, insect stings, hay fever, asthma, penicillin, or other drugs, etc.); diseases (hepatitis, measles, heart disease/defect, epilepsy, diabetes, etc.); dietary restrictions or other conditions (migraines, nosebleeds, behavioral, etc.) that we need to be aware of?
6. Consent and Release for Medical Treatment.

I, _____, the **parent/guardian** of _____, a minor, sign this agreement on behalf of, myself and my child/ward. In consideration of my child's/ward's attendance and participation at the FLATE Robotics and Engineering Summer Camp and all associated activities and outings (collectively called "the Camp"), I execute this Consent for Medical Treatment (the "Consent") with FLATE, HCC, and any related and affiliated entity including FLATE, HCC's Board, officer, employees, agents, insurers, successors and assigns. I understand and agree that this Consent shall be binding on me and my child/ward, as well as the representatives, executors, heirs, next of kin, administrators, beneficiaries, successors and assigns of my child/ward.

I hereby authorize any licensed physician, emergency medical technician, paramedics, nurses, hospital or other medical or health care facility or provider ("Medical Provider") to provide medical care to my child/ward for any illness, injury, and/or condition that occurs, manifests or arises at the Camp. I further authorize any such Medical Provider to perform all procedures or services deemed medically advisable to treat or relieve, or to attempt to treat or relieve, any illness, injury, and/or condition. I acknowledge that there is a risk of complications and unforeseen consequences in any medical treatment, and **I knowingly and voluntarily agree to assume any such risk** for and on behalf of myself and my child/ward. I acknowledge that no warranty is being made as to the result of any medical treatment. I agree that any health history provided by me or my child/ward is correct to the best of my knowledge. I acknowledge having knowledge and experience with the health and capabilities of my child/ward superior to Camp staff. I certify that my child/ward is in good health and does not have any health or mental/physical impairments or conditions that would be aggravated by attendance or participation at the Camp or that make such attendance or participation unsafe or otherwise inappropriate for my child. A copy of this Consent may be used in place of the original.

I acknowledge and agree that this Agreement is intended to be as broad and inclusive as permitted by law. If any provision is invalidated or unenforceable, the remaining terms of the Agreement shall not be affected thereby but shall be valid and enforceable to the fullest extent permitted by law. The invalid provision shall automatically be replaced by a substitute provision which is valid and as nearly as possible maintains the same purposes and intention of the invalidated or unenforceable provision. I acknowledge and agree that this Agreement shall be interpreted in accordance with the laws of the state of Florida.

I HAVE READ AND UNDERSTAND THE FOREGOING AND ACCEPT AND AGREE TO ITS TERMS.

Signature of Parent/Guardian: _____ Date: _____

Print Name of Parent/Guardian: _____

Print Name of Child/Ward: _____



Florida Advanced Technological Education Center

HILLSBOROUGH COMMUNITY COLLEGE (HCC)

PARTICIPANT RELEASE FORM AND PHOTO/VIDEOGRAPHY RELEASE

In consideration of and as a condition for your participation or the participation of your child/ward, you accept the following terms and enter this Assumption of Risk and Indemnity Agreement (“Agreement”).

Please carefully read and consider the terms of this Agreement. Sign in the space at the end to indicated your understanding and acceptance of such terms and your entry into the Agreement on behalf of yourself and your child/ward.

1. I, _____, individually or as parent/guardian of _____, a minor, sign this Agreement on behalf of myself and my child/ward. I acknowledge receipt of written materials and instructions relating to the FLATE Robotics and Engineering Summer Camps and all associated activities and outings and acknowledge that I have had an opportunity to review these materials prior to enrolling in the Camp. I agree that I and my child/ward will follow the policies of the FLATE Robotics and Engineering Summer Camp and the instructions given by Camp staff. I understand that FLATE has the right to refuse or remove any participant who fails to follow such policies and instructions.
2. If signing on behalf of a child or ward, I acknowledge that I am the natural parent (biological or adoptive) of a child/ward and that I also have legal custody of the child/ward.
3. I acknowledge having knowledge and experience with the health and capabilities of my child/ward superior to Camp staff. I certify that I and/or my child/ward is/are in good health and does/do not have any health or mental/physical impairments or conditions that would be aggravated by attendance or participation at the Kids’ College Camps or that make such attendance or participation unsafe or otherwise inappropriate for myself or my child/ward, or other participants. I further certify that I and/or my child/ward does /do not currently have upper respiratory disease or illness (e.g. colds, flu, etc.), I and/or my child/ward is/am not on medication that suppresses immune function or has possible side effects that would interfere with the Camps, and that I and/or my child/ward does/do not have open sores, open wounds, cuts, abrasions, skin irritations or other outward signs of illness.
4. I understand that attendance and participation at the Camps may include field trips.

I understand that there are inherent **RISKS** involved in these activities, including but not limited to scrapes, bites, cuts, bruises and/or more serious injuries or illnesses such as bodily injury, even death. I and/or my child/ward have voluntarily enrolled in the Camp and agree to **ASSUME ALL RISKS**, known and unknown, of personal injuries, possible death and damage to or loss of property stemming from attendance and participation at Camp.

5. I agree to release FLATE, HCC, its Board, employees, agents, successors and assigns (the “Released Parties”) from any and all claims , losses, demands, damages, expenses, lawsuits, causes or action and judgments, whether foreseen or unforeseen, known or unknown, present or future, resulting from, arising out of or in any way connected with my and/or child/ward’s participation in the Kids’ College Camps including but not limited to, any claims for personal injuries, including death, illnesses and/or damage to or loss of personal property, **EVEN IF CAUSED IN WHOLE OR IN PART BY THE PRESENT OR FUTURE NEGLIGENCE, FAULT, STRICT PRODUCT LIABILITY, BREACH OF CONTRACT OR OTHER ACT, CONDUCT OR STATUS OF ANY OF THE RELEASED PARTIES.**

6. I further agree to INDEMNIFY AND DEFEND FLATE and HCC from and against any claims , actions, damages, demands, costs, expenses (including attorneys' fees) or lawsuits, whether foreseen or unforeseen, present or future, known or unknown, that I, my child/ward, or any other parent/guardian of my child/ward may have or assert as arising from attendance or participation (or the refusal of permission to attend or participate) at the Camp, regardless of whether such claims or damages are founded in whole or in part upon the negligence or strict liability of Hillsborough Community College. I understand and agree that this indemnity obligation includes any claims, actions, damages or lawsuits brought by or on behalf of my child/ward, including those for personal injuries, illness or damage to or loss of property arising from attendance or participation (or refusal of permission to attend or participate) at the Camps.
7. I hereby consent to and authorize the use and reproduction by FLATE and Hillsborough Community College or anyone authorized by the College, of any and all photographs, video and radio interviews, which the College has taken of campers, negative or positive proofs or digital images, for any purpose whatsoever, without compensation to me. I understand that all negatives and positives, together with prints and tapes and digital files, shall be the sole property of Hillsborough Community College. FLATE and the College may use the photographs and/or audio/visual recordings for promotional and informational purposes through publications/broadcasts, to promote the College and for student recruitment purposes.
8. I acknowledge and agree that this Agreement is intended to be as broad and inclusive as permitted by law. If any provision is invalidated or unenforceable, the remaining terms of the Agreement shall not be affected thereby but shall be valid and enforceable to the fullest extent permitted by law. The invalid provision shall automatically be replaced by a substitute provision which is valid and as nearly as possible maintains the same purpose and intention of the invalidated or unenforceable provision.
9. I acknowledge and agree that this Agreement shall be interpreted in accordance with the laws of the state of Florida and that any dispute arising from the enforceability and/or interpretation of this Release shall be filed in a court of competent jurisdiction in Hillsborough County, Florida.
10. I agree that this Release shall be binding upon me and/or my child/ward's family members, heirs.

I AM OF AT LEAST 18 YEARS OF AGE AND HAVE READ AND UNDERSTAND THIS AGREEMENT AND ACCEPT AND AGREE TO ITS TERMS.

Signature of Parent/Guardian: _____ Date: _____

Print Name of Parent/Guardian: _____



**FLATE and HILLSBOROUGH COMMUNITY COLLEGE
CODE OF CONDUCT AGREEMENT for SUMMER CAMP PROGRAMS
[To be COMPLETED BY CAMPER AND PARENT/GUARDIAN]**

This statement, when signed by both camper and parent, serves as an Agreement with FLATE and Hillsborough Community College (HCC).

Due to the nature of FLATE’s programs, all participants are expected to act in a responsible and courteous manner at all times. Upon arrival to the program, FLATE staff will review examples of acceptable and unacceptable behavior. Participants are expected to adhere to the guidelines set forth by FLATE staff. If a behavior problem arises, FLATE staff will first discuss the problem with the individual. If the problem continues, the participant may forfeit participation in future program activities. If the problems are severe, the parent/guardian will be contacted to discuss the problem. Finally, if the problem is not rectified, the parent/guardian is responsible for providing transportation for the participant to leave the program and a refund will not be issued.

Examples of behavior that may result in a participant leaving a program include, but are not limited to, consumption or possession of alcohol; use or possession of tobacco products or illegal narcotics; possession of a weapon; destruction of property; and stealing.

Participant: I have read and understand the above statement. By signing this agreement, I agree to act in a responsible and courteous manner at all times. If I do not follow the guidelines set forth by FLATE staff, I understand that I may forfeit my participation in the program activities.

Print Participant’s Name _____

Signature of Participant _____ Date _____

Parent/Guardian: I have read and understand the above statement. By signing this statement, I agree to arrange and pay for transportation if my child must leave the program early.

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date _____