

# FLATE Robotics & Engineering Technology Camps Summer 2017

presented by

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

FLATE High School Engineering & Technology Camp is designed to introduce high school boys and girls to 3D modeling, additive manufacturing, product design and realization, programming with Arduinos and entrepreneurship 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 of Excellence (FLATE). Hillsborough County provides scholarships for this High School camp. The camp is located at the Hillsborough Community College, Brandon Campus.

**High School Engineering & Technology Camp** is open to students entering 9<sup>th</sup> – 12<sup>th</sup> grade as of September 2017.

**Hillsborough County is providing scholarships for students from low-income families to attend the FLATE-HCC High School Engineering & Technology Summer Camp. There are 11 scholarships that will be distributed on a first come, first served basis to eligible applicants. To qualify for the scholarship, please do the following:**

- Fill out the registration forms.
- Fill out the scholarship application indicating low-income status. Only 1 scholarship will be awarded per student. There are a limited number of scholarships.
- Do NOT send in payment. If the scholarships are gone once you apply, FLATE will email you and give you the option of paying the \$200 registration fee for camp or canceling the camp registration.
- Mail all of the documents to the address below. Write "HS Camp Scholarship" on the outside of the envelope.

The camp will be conducted at Hillsborough Community College, Brandon Campus, Student Services Building, BSSB 218, 10414 East Columbus Drive. All camp days are 8:30 a.m. to 4 p.m. daily. Campers should not arrive prior to 8:15 a.m. Campers should be picked up promptly at 4 p.m. each day. Students are to bring their own lunch and snacks. Camp rates are \$175 per week for all robotics camps and \$200 per week for the High School camp (if families wish to enroll in additional weeks of camp).

Forms and fees can be mailed to:

**Janice Mukhia/ 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 [outreach@fl-ate.org](mailto:outreach@fl-ate.org) to inquire about your child's camp registration status.*

For additional information visit: [www.fl-ate.org/projects/camps.html](http://www.fl-ate.org/projects/camps.html)

or contact: Janice Mukhia @813.259.6581 [outreach@fl-ate.org](mailto:outreach@fl-ate.org)



Suncoast Credit Union  
FOUNDATION

NUTS, BOLTS & THINGAMAJIGS  
CAMP



HCC  
Brandon Campus





# FLATE High School Engineering & Technology Summer Camp Scholarship Application



Student Name: \_\_\_\_\_

Does your child qualify for free or reduced lunches?  
(Please provide documentation from the school)

Student age: \_\_\_\_\_

Do your child qualify for free/reduced school lunches? \_\_\_\_\_

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:

**Please provide a copy of 2016 W2 or IRS 1040.**

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

Monthly Gross \$ \_\_\_\_\_ Spouse's Monthly Gross \$ \_\_\_\_\_

Please list additional income (i.e. Child Support, SSI, Alimony, WIC, Food Stamps, Otr \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

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 8:30 a.m. to 4:00 p.m. Drop-off and pick-up times are 8:15 a.m.- 4:00 p.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 8:30 am – 4:00 pm. Child supervision will NOT be available before 8:15 a.m. or after 4p.m. for students. FLATE and HCC will not assume responsibility for children outside this time frame. FLATE and HCC are not 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 consent and release on behalf of, myself and my child/ward. In consideration of my child's/ward's attendance and participation at the HCC FLATE Robotics and Engineering Summer Camp and all associated activities and outings (collectively called "the Camp"), I execute this Consent and Release for Medical Treatment (the "Consent") with 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 and Release 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 have knowledge and experience with the health and capabilities of my child/ward. 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 Consent and Release for Medical Treatment is intended to be as broad and inclusive as permitted by law. If any provision is invalidated or unenforceable, the remaining terms shall not be affected 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 consent and release 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:

---

# FLATE Robotics and Engineering Summer Camps

## Camp and Health Information Form & Release for Medical Treatment Form



**HCC**

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 of  
\_\_\_\_\_  
\_\_\_\_\_ (Print) permit my child to participate in  
the FLATE Robotics and Engineering Summer Camps at HCC.

FLATE Robotics and Engineering Summer Camps is held at the HCC Brandon located at 10414 East Columbus Drive in Tampa in the Student Services Building – Room 218, on Monday through Friday from 8:30 a.m. to 4 p.m.  
Drop-off and pick-up times are 8:15 a.m.-4 p.m. (SHARP).

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

FLATE Robotics and Engineering Summer 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 and understand the activities for the FLATE Robotics and Engineering Summer Camp.

**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 have my permission to drop off and pick up my child. Any other names must be given to camp staff in writing prior to pick-up.

1. Campers must be signed in and signed out of camp by an authorized adult. 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 with a photo ID, before contacting your child. The instructor will assist you with getting your child out of the activity.
2. The camps are conducted from 8:30 a.m. – 4 p.m. Child supervision will NOT be available before 8:15 a.m. or after 4 p.m. for students. FLATE will not assume responsibility for children outside of this time frame. FLATE and HCC are not 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 camp staffers need to be aware of:  
Explain \_\_\_\_\_

6. **Consent and Release for Medical Treatment.**

I, \_\_\_\_\_, the **parent/guardian** of \_\_\_\_\_, a minor, sign this consent and release on behalf of, myself and my child. In consideration of my child's participation at the HCC FLATE Robotics and Engineering Summer Camp and all associated activities and outings ("the Camp"), I execute this Consent and Release for Medical Treatment (the "Consent") with HCC, FLATE, the Board, officers, employees, agents, insurers, successors and assigns. I understand and agree that this Consent and Release is binding on me, my child, as well as the representatives, executors, heirs, next of kin, administrators, beneficiaries, successors and assigns of my child.

I authorize a 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 for any illness, injury, and/or condition that occurs while my child is at Camp. I further authorize the Medical Provider to perform all procedures or services deemed medically advisable to treat my child. 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. I acknowledge and agree that this Consent and Release for Medical Treatment is intended to be as broad and inclusive as permitted by law. If any provision is unenforceable, the remaining terms shall be enforceable to the fullest extent permitted by law. I acknowledge and agree that this consent and release shall be interpreted in accordance with the laws of the state of Florida.

**I HAVE READ AND UNDERSTAND AND AGREE TO THESE TERMS.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Parent/Guardian:

\_\_\_\_\_  
Print Name of Child /Ward:

# FLORIDA ADVANCED TECHNOLOGICAL EDUCATION CENTER/HCC

## PARTICIPANT RELEASE FORM AND PHOTO/VIDEOGRAPHY RELEASE

*In consideration of and as a condition for my Child's participation in the FLATE Robotics and Engineering Summer Camp at Hillsborough Community College (HCC), I agree to the following terms and conditions of this Participant Release and Phot and Videography Release:*



1. I, \_\_\_\_\_, individually and as the parent/guardian of \_\_\_\_\_, a minor, sign this Participant Release on behalf of myself and my child/ward. I acknowledge I received and have read the written materials and instructions relating to the FLATE Robotics and Engineering Summer Camps and associated activities, outings and field trips.
2. I acknowledge that I am the natural parent (guardian) of a child/ward and that I also have legal custody of the child/ward.
3. I have knowledge and experience with the health and capabilities of my child. I understand that HCC recommends my child consult a physician before engaging in physical activity, and, if my child's physical health is questionable, that we obtain a medical clearance from a licensed medical professional. I understand that I am responsible for my child's medical expenses, including deductibles, co-pays, and transportation. I consent to emergency medical treatment for my child if HCC, in its sole discretion determines it to be necessary. In the event of a medical emergency, I also consent to HCC contacting me and other emergency contact people whom I have provided. I certify that my child is in good health and does not have any health or conditions that would be aggravated by attendance or participation at the FLATE Robotics and Engineering Summer Camps. I certify that my child does not currently have upper respiratory disease or illness (e.g. colds, flu, etc.) and my child is not on medication that suppresses immune function or has possible side effects that would interfere with their participation in the FLATE Robotics and Engineering Summer Camps, and that my child does not have open sores, open wounds, cuts, abrasions, skin irritations or other outward signs of illness.
4. During this FLATE Robotics and Engineering Summer Camps, campers may be exposed to a variety of risks that could result in serious injury or even death. 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. I assume all risks for my child's participation in the FLATE Robotics and Engineering Summer Camps.
5. I agree to release, waive, defend, indemnify, and forever discharge FLATE, HCC, its Board of Trustees, employees, agents, successors and assigns (the "Released Parties") from any and all claims, or liability for injury including death or damages (including loss or damage to property), claims, costs and expenses (including attorney fees) arising from or attributable to my child's participation in or travel associated with the FLATE Robotics and Engineering Summer Camp, unless it is due to willful fault or gross negligence on the part of FLATE and HCC.
6. I authorize FLATE and Hillsborough Community College and their authorized representatives to record my child's likeness and voice in any medium; to use my child's name in connection with these recordings; and to use, reproduce, exhibit or distribute in any medium these recordings for any purpose that FLATE and HCC deem appropriate, including promotional or advertising efforts., without compensation. I release FLATE and HCC from liability for any violation of any personal or proprietary right in connection with use by FLATE and HCC. I understand that all such recordings, in whatever medium, shall remain the property of FLATE and HCC. I have read and understand the terms of this release.
7. I acknowledge and agree that this Agreement is intended to be as broad and inclusive as permitted by law. If any provision is determined to be unenforceable, the remaining terms of the Agreement shall remain in full force.



8. 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 shall be filed in a court of competent jurisdiction in Hillsborough County, Florida.

9. I acknowledge I have read this Release, that I have executed voluntarily, and that this release shall be binding upon myself, my child and their heirs, executors, administrators, and representatives in the event of death or incapacity.

**I AM OF AT LEAST 18 YEARS OF AGE AND HAVE READ AND UNDERSTAND THIS RELEASE 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 2017 ROBOTICS CAMP



*[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: \_\_\_\_\_