



Robot Camp

Are you up for something new and exciting to do this summer?

How about designing, building, and programming a robot?



IMAGINE

BUILD

PROGRAM

Who

When

Where

Cost

Contact

Beginner EV3 Robotics
(Going into Grades 3 and up)

2 Sessions - June 29, 30 & July 1 (9:00 a.m. to noon)
OR June 29, 30, & July 1 (1:00 to 4:00 p.m. daily)

Randolph Lied Library (Randolph, NE)

\$15 per participant

Nebraska Extension in Cedar County
(402) 254-6821

Students will explore the exciting world of robotics. They will design and program a robot using LEGO EV3 kits through hands-on challenges.

Come and join the fun this summer.

Space is limited.

Register by June 24th!

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Where

Randolph Lied Library Randolph, NE

Cost

\$15 per participant

Contact

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Return the portion below and keep the top part for your information.

Registration Form

Please check which session you will be attending on June 29, 30, & July 1, 2015

Beginner Morning (9:00 a.m. to 12:00 p.m. daily)

Beginner Afternoon (1:00 p.m. to 4:00 p.m. daily)

Youth's Name _____

Grade Completed May 2015 _____

Youth's Age _____

School _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

CAMP HEALTH STATEMENT

_____ (participant) who expects to attend an UNL Extension day or part-day camp is in good condition, has no contagious diseases, and has not had any serious illness recently, other chronic diseases or any other medical condition that would inhibit participation or impact other participants. The parent or guardian of each participant is responsible for the health and medical care of participants. If special needs or limitations exist please describe them below. Also please list any food allergies:

In the event of a medical emergency, the 4-H Staff, University of Nebraska or its representatives have my permission to take whatever measures they deem reasonable to render assistance and I and/or my family will be financially responsible for any expense involved.

Is the youth participant covered by family medical/hospitalization? Yes No

As Parent/Guardian of the youth participant, I understand that health insurance coverage is the parent's/guardian's responsibility.

Medical Insurance Company _____ Policy No. _____

Name of insured _____ Relationship to Participant _____

Medical Care Provider-Name of Family Physician and Health Care Facility Telephone _____

Yes No ~ I give permission to use my child's name/photograph in publications, advertisements, 4-H webpage or news articles pertaining to 4-H activities (Web page photos WILL NOT include youth's name.)

Date _____

Parent/Guardian's Signature _____

Parent's Daytime Phone Number _____

Emergency Contact & Phone Number _____

Send registration to:

Nebraska Extension in Cedar County Office
PO Box 368, 101 East Centre
Hartington, NE 68739
(402) 254-6821
www.cedar.unl.edu