



# Robot Camp

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

How about designing, building, and programming a robot?



**EV3 Robotics** (Students going into Grades 4 and up)

July 6, 7, & 8, 2016 (1:00 to 4:00 p.m. daily)

House Memorial Public Library

\$20 per participant

Nebraska Extension in Dakota County, (402) 987-2140

Students will explore the exciting world of robotics. They will design and program robot using LEGO EV3 kits through hands-on challenges. Come and join the fun this summer. Space is limited.

**Register by June 30th!**

# Robot Camp



## Who

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## Where

House Memorial Library

## Cost

\$20 per participant

Nebraska Extension in Dakota County, (402) 987-2140

## Contact



Return the portion below and keep the top part for your infor-

## Registration Form

July 6, 7, & 8 2016

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 \_\_\_\_\_

**Please make check payable to:** Nebraska Extension in Dakota County

**Send registration to:**

Nebraska Extension in Dakota County Office

1505 Broadway Street; PO Box 129

Dakota City, NE 68731