



Jr. FLL Camp

Attention students going into 1st, 2nd, and 3rd grades! Are you up for something new and exciting to do this summer with legos.

How about learning about using WeDo Lego kits? You will learn to build simple machines and program them.



Who

Jr. FLL Day Camp

(Students going into 1st, 2nd, and 3rd grades)

July 6, 7, & 8, 2016

10:00 to 11:30 a.m.

Where

House Memorial Public Library

Cost

\$15 per participant

Contact

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!

Jr. FLL Camp



Who

Jr. FLL Day Camp
(Students going into 1st, 2nd, and 3rd grades)

Where

July 6, 7, & 8, 2016
10:00 to 11:30 a.m.
House Memorial Public Library
Nebraska Extension in Dakota County

Cost

\$15 per participant

Contact

(402) 987-2140

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

Registration Form

Jr. FLL Camp, July 6, 7, & 8, 2016

10:00 to 11:30 a.m.

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
(402) 987-2140
www.dakota.unl.edu