

2008 Lego Robotics Day Camp Bullbots Robotics Club Registration Form

In order to register a Camper for Robotics Day Camp, this form and the medical / information sheet must be filled out. A \$150.00 registration fee (discounted \$10 for a sibling attending same camp) must accompany this form before May 15, 2008. *Campers registered after the sign up date will not be guaranteed a T-shirt upon arrival at camp. We will do our best to provide a t-shirt for every registered child.*

Please print in ink.

Camper's name _____ Age _____

Address _____ City/State _____ ZIP _____

Registration includes one t-shirt, if you wish to purchase more please do so below.

SELECT T-SHIRT SIZE (Youth) M ___ (Adult) S ___ L ___

Parent/Guardian's name _____

Parent/Guardian's daytime phone number _____ Home phone number _____

Cell phone number _____

Parent's E-mail address _____ * this will be our primary way to disperse information

Child's Email address _____

All camps will be held at Mountain View High School 2000 Millenium Way Meridian, ID 83642. Located off of Overland between Eagle and Locust Grove Roads. If we have an overwhelming response we will open more camps.

Check box for Day Camp Date Camper will attend:

- | | | |
|--|---|----------|
| <input type="checkbox"/> June 9-13 8:30-12:30 | \$150 (\$175 if registering after May 15, 2008) | \$ _____ |
| <input type="checkbox"/> July 21-25 8:30-12:30 | \$150 (\$175 if registering after May 15, 2008) | \$ _____ |
| | Sibling Discount \$10 (if applicable) | \$ _____ |

ADDITIONAL DAY CAMP T-SHIRT(s) (Indicate quantity after size)

(Youth) M ___ (Adult) S ___ L ___ Total Quantity ___ X \$15.00 = \$ _____

Total Enclosed \$ _____

Registration is on a first come first serve basis.

Please Make Checks Payable to Mountain View High School Robotics

Please send completed forms and payment to **Suzie Steiner, Camp Director, 1932 E. Three Bars Dr. Meridian ID 83642**. Please call Suzie at 888-9105 or email camp@bullbots.org for more information.

Cancellation Policy: Cancellations are accepted up until two weeks prior to the camp. If we are able to fill the spot, your full registration fee will be returned. If we are not able to fill the spot, you will receive \$100 of your registration fee. Emergency cancellations will be handled on a case by case basis.

My child's picture and likeness can be used in future Bullbots publications and promotions. (Please circle)

YES

NO

Signed _____

ROBOTICS DAY CAMP RULES AND CODE OF CONDUCT

The following rules apply to all Campers attending the Day Camp. They will be read and signed by all Campers attending the camp. Please return with your camp registration.

1. Campers must have the Camp Director's permission to leave camp any time camp is in session. There must also be prior written notification from the Camper's Parents. Parent's are asked to sign Campers in and out each day.
2. If someone other than a parent is picking up a child, camper must have signed permission from parent for someone else to pick up the camper.
3. Campers will wear shoes and socks at all times. Sandals are not authorized.
4. We suggest pants or shorts, rather than dresses for campers. *Campers may be building on the floor.*
5. Campers will wear their name tags at all times while in the Camp Area. They will return them at the end of the day before they leave.
6. Campers will be respectful towards all adults, staff members, and visitors.
7. Campers will be respectful and mindful of the feelings, safety, and property of their fellow Campers.
8. Campers are not to bring Legos or other building materials from home.
9. All Legos and materials will be cleaned up before the Camp ends each day. No Lego materials will leave the Day Camp at any time.
10. Proper language will be used at all times (improper language is the use of foul, profane or abusive language). All leaders will be addressed by their proper name or camp name.
11. Campers will walk while in the School.
12. The Day Camp is not responsible for lost, stolen, or damaged articles. Please do not bring anything to camp that you would be upset to lose *ie: mp3 players, jewelry or cellphones.*
13. Campers will have access to a telephone if needed.

I have read and understand the Code of Conduct and I understand that repeated violation of this code will lead to Time-out, a note home, and possible dismissal from Day Camp. There will be no refunds if a child is dismissed from Day Camp.

Child's Name (print): _____

Child's Signature: _____

Parent's signature: _____ Date: _____

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Medical / Information Sheet

In order for a Camper to attend Day Camp, this medical / information sheet must be filled out in its entirety. This information will remain confidential unless there is an emergency, then the information will be shared with the appropriate medical personnel.

Please print in ink.

Name _____

Address _____ City/State _____ ZIP _____

Home phone _____ Birth Date _____ Age _____

Name of parent/guardian _____

Daytime phone _____ Cell phone _____ E-mail: _____

If the parent or guardian named above is not available in the event of an emergency notify:

Name _____ Relationship _____

Daytime phone _____ Cell phone _____

Name of Personal Physician _____ Phone _____

Personal health/accident insurance carrier _____ Policy no. _____

Please check all items that apply, past or present, to health history.

Asthma ___ Diabetes ___ High blood pressure ___ Cancer/leukemia ___ Heart trouble ___

Kidney disease ___ Convulsions/seizures ___ Hemophilia ___ ADD/ADHD ___

Other / Explain: _____

List any allergies (Food, medicines, insects, plants, etc.): _____

List all medications currently taking: _____

Please administer all medications to child before they come to camp, exceptions could be an Inhaler for Asthma or other Respiratory Condition or an Epi-pen for Allergic Reactions. Please notify Camp Director if Child has medication on site.

List medications to be taken at camp: _____

List any physical or behavioral conditions that may affect or limit full participation in Day Camp activities:

List equipment (wheelchair, braces, glasses, contact lenses, retainer, etc.) that will be brought to camp:

Parent

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. I understand the related expenses for this medical attention will be my responsibility. I agree to waive any claims against the MVHS Robotics Club for injuries or damages that my result from the conduct of other persons including participants in the Robotics camp.

Signature of parent/guardian _____ Date _____