



# BadgerBOTS Robotics

## Building on Talented Students Summer Robotics Day Camps



“Three, two, one... go!” With the push of a button electromechanical wonders are unleashed. **ROBOTS!** Students experience the thrill of mastering basic concepts in robotics, computer programming, and mechanical design while solving a challenging problem. Campers experience intense design and construction interspersed with essential skill and knowledge building activities necessary to rise to the occasion and create a solution to the robotic challenge.



### Program Highlights:

- Robotics Education and Challenge
- Jul 26-Aug 6, Aug 9-20
- 8 am-Noon or 1-5 pm
- See [www.badgerbots.org](http://www.badgerbots.org) for details
- Memorial H.S. Location
- Daily Snack
- Fieldtrip
- FIRST Robotics Demonstrations
- T-Shirt
- Loads of Fun!



Everyone achieves success as their robot scurries across the field in a brave attempt to solve the challenge. The camps emphasis is on the creation of an enjoyable learning environment with real-world, concrete outcomes. Join us for the fun.

*Space is extremely limited, so register now!*

*Proceeds Benefit  
BadgerBOTS  
Robotics  
Projects!*

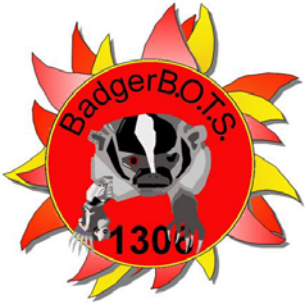


**Camp Director**  
Benjamin J. Senson  
Nationally Recognized Science Teacher  
Memorial High School



**Camp Counselors**  
High school students from Dane County's  
award winning BadgerBOTS robotics  
team. Four counselors every day!

Additional copies of this flyer are available online at <http://www.badgerbots.org>



# BadgerBOTS Robotics

## Summer Robotics Day Camp

### Registration and Authorization Form

*Campers must be entering grades 4 to 8 in the fall*



Indicate 1<sup>st</sup> and 2<sup>nd</sup> Choice:  July 26 – Aug 6, 8 am to Noon  Aug 9 – 20, 8 am to Noon  
 July 26 – Aug 6, 1 to 5 pm  Aug 9 – 20, 1 to 5 pm

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_



Name of friend registering for the same session: \_\_\_\_\_

Male  Female Grade next year: \_\_\_\_\_ School: \_\_\_\_\_

Shirt Size:          
 (PLEASE Check One) Youth Youth Youth Adult Adult Adult Adult  
 Small Medium Large Small Medium Large X-Large

Previous robotics experience:  Little or no LEGO NXT experience  
 Some LEGO NXT experience  
 Lots of LEGO NXT experience



Have you been in a BadgerBOTS camp before?  Yes  No... If yes, year(s)?: \_\_\_\_\_

Parent's Names (mom then dad): \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Mom/Dad Cellular Phone: \_\_\_\_\_/\_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mom/Dad Work Phone: \_\_\_\_\_/\_\_\_\_\_

Where did you hear about this camp? \_\_\_\_\_

Check attached... *Hurry, space is extremely limited!*

*Proceeds Benefit  
BadgerBOTS  
Robotics  
Projects!*

**Make checks payable to *BadgerBOTS Boosters*.**

Send to Memorial High School, Attn: Ben Senson, 201 S. Gammon Rd. Madison, WI 53717

Registration Fee is **\$500** for two week, half-day day camp session

*You will receive a welcome packet by late May with additional information.*

**Questions? E-mail at [bsenson@madison.k12.wi.us](mailto:bsenson@madison.k12.wi.us) or phone (608)770-7367 after 4 pm.**

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# Medication/Medical Conditions:

**Medications:** Medications will be administered ONLY by the parent or guardian and must be perscribed by a physician if not available over the counter. All medicines must be in their original container with written instructions regarding patient, dosage, and conditions under which it is to be administered. Check in prior to giving any dose to your child. Asthma inhalers can be self administered. Epi-pens may be used by camp staff in cases of severe allergic reaction.

**Medical Conditions:** The intent of this document is to provide medical information should your child become injured or ill while participating in a Summer Robotics Day Camp activity and requires assistance or treatment by medical professionals. In all cases, you will be contacted as soon as possible after an injury or illness occurs. Your signature grants BadgerBOTS and its agents the right to authorize emergency medical treatment for your child if you can not be reached.

*Please descibe medications and medical conditions ONLY if they affect the safety of your child or the appropriate medical treatment should an injury or illness occur.*

Non-Parent Emergency Contact/Relationship (1): \_\_\_\_\_/\_\_\_\_\_ Phone: \_\_\_\_\_

Non-Parent Emergency Contact/Relationship (2): \_\_\_\_\_/\_\_\_\_\_ Phone: \_\_\_\_\_

Medication: \_\_\_\_\_ When is it administered?: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication: \_\_\_\_\_ When is it administered?: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medical Condition: \_\_\_\_\_ Symptoms: \_\_\_\_\_  
Appropriate Response: \_\_\_\_\_

Allergies (Food or other): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Transportation & Authorizations:

The only people that your child will be released to are those listed on this form. Persons authorized must be at least 16 years of age. If someone other than a parent will pick up your child, please provide us with prior written notice. If there is an emergency, and no one on your list can pick up your child, the parents/guardians should call (608) 770-7367 or send a signed note of authorization with the person that will be doing the pickup. Self transportation can be pre-approved here.

Authorized Pickup Adult/Relationship (1): \_\_\_\_\_/\_\_\_\_\_ Phone: \_\_\_\_\_

Authorized Pickup Adult/Relationship (2): \_\_\_\_\_/\_\_\_\_\_ Phone: \_\_\_\_\_

I hereby grant to BadgerBOTS and its agents permission to photograph and/or videotape my above named child during BadgerBOTS activities. I further grant the right to use these photographs and video for educational or promotional purposes. I hereby waive any claims or causes of action now or hereafter against BadgerBOTS or its agents arising out of my child's participation and I will indemnify and hold harmless against any and all claims resulting from such participation. In the event my child is injured or becomes ill while involved in a BadgerBOTS activity, I hereby authorize such aid or treatment as may be necessary under the circumstances to include treatment by a physician or hospital.

I give permission for my child to walk, bike, or take the bus to and from the BadgerBOTS Summer Day Camp and to sign himself/herself in and out each camp day. My student will not be allowed to leave prior to the normal end of the camp day except with a parent or with my designated responsible individual as indicated on this authorization form.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_