## 2019 ROBOTICS SUMMER CAMP APPLICATION

PLEASE TYPE OR PRINT LEGIBLY

### **Camp Objectives**

Campers will spend time building and modifying simple machines with a goal of combining or automating them to complete a Chain Reaction Challenge. With that foundation, they will move on to build a basic robot that functions in remote control mode and add original object manipulator assemblies to participate in a team-based competitive challenge (Robot Soccer).

In the following days, campers will experiment with pre-programmed sensor functions and then complete individual programming challenges to customize sensor functions. They will then build and operate the full Clawbot with Sensors and experiment with both a controller and autonomous programming to control it.

On their final day of camp, students will focus on the In The Zone Challenge, completing a remote control mode version of the challenge in the morning, then optimizing their robot and programming throughout the day to compete in an autonomous mode In the Zone Programming Challenge at the end of their camp experience.

#### **Student Information**

Student's First & Last Name							
Preferred Name:							
Parent Street Address: (City, State, Zip Code)							
Parent Email Address:							
Home Phone #:				Parent Cell #			
Date of Birth (MM/DD/YYYY):				ender ck One)	Male	Femo	ale
Name of School You Attend:							
Name of High School You Will Be Attending (if Applicable):							
Student's Signature:							
Size T-Shirt (Check One) All Adult Sizes	S	M	]L [	XL _	]2XL	3XL	

# 2019 ROBOTICS SUMMER CAMP APPLICATION

## **Payment Information**

Attendance is confirmed when payment and completed registration form are received.

ine total cost of the camp is	\$200/student.				
This cost includes snack and	a t-shirt (studen	t will provide the	ir own Iur	nch).	
Please select your payment	method below:				
$\square$ Payment of \$200 with che	eck (attach ched	ck)			
Payment of \$200 with cas	h (deliver to TMF	HS – please do no	ot mail co	ash)	
Deliver all applications and mail or in person.	class fees to Ma	hogany Garza a	ıt Tuloso- <i>N</i>	Midway I	High School by
Contact Information:					
Mailing Address: 2653 McKin	nzie Rd, Corpus C	Christi, TX 78410			
Email: mgarza@tmisd.us					
Parent / Guardian Appro	oval				
On the last day of camp, ec worked toward as part of th	•	osrticipate in a ro	obotics ch	nallenge	that they have
Please indicate the number June 21, 2019:	of guests planni	ng to attend the	e closing p	orogram	at TMHS on
By signature of the parent of participate in the two-week granted.	•	•			
Parent Name (Printed)					
Signature of Parent				Date	
Office Use Only					
Payment Received Via:	Check	Cash			
Confirmation Sent Via:	Email	US Mail			