

Eligibility: Open only to students who will be in the 7th, 8th, or 9th grades during the next school year.

This is a ½ day camp lasting from 9:00 am until 12:00 noon.

Cost: \$150 each

Checks made to “Flagship Robotics 3140 Foundation” and submitted with the application (by June 1st)

Dress Requirement: Students may dress casually (shorts, t-shirts are o.k.) but **MUST wear shoes that cover the feet and toes** as students will be working with tools and moving objects. Open-toed or open-heeled shoes such as sandals or flip flops are not permitted.

Snacks: Each session, we will have a short break with bottled water and light snacks available. Food and drinks are not allowed near the computers or equipment.



Location: Farragut HS Main Building left-hand side. Students may be dropped off in the traffic circle at the main entrance. We will have signs pointing left towards the build space (look for the large blue roll-up door).

Note: The building will close promptly at 12:15. Students waiting for rides will have to wait outside or under front entrance porch in the case of rain.

FHS Summer ROBOTICS CAMP Policies

Safety

The types of activities conducted during the camp will include working with moving parts, electrical components, hand tools, and soldering, which can conceivably cause some injury. Basic safety precautions will be followed at all times. Parents/guardians should provide any relevant information about medical or other special needs of their children.

Behavior

Farragut High expects all camp participants to behave in an acceptable manner, use acceptable language, and use tools and equipment in a safe and acceptable manner. Students will be instructed and guided on proper use of tools and will be expected to follow procedures as requested. Behavior that disrupts the program for staff or other participants, violates laws or local rules, or risks injury to others or damage to equipment is unacceptable. Any participant violating this policy will be given one verbal warning; after a second instance, the parent/guardian will be called; upon a third instance, the participant will be discharged from the program. No refunds will be given in this case.

Photographs and Media

Part of the mission of the science, math, and robotics programs at FHS is to promote science, math, engineering, and technology education. As such, we have many ways of providing information to the public about our programs and activities. It is difficult to know who may or may not be videotaped or photographed by our staff or visiting media or new organizations. All camp participants may be photographed or interviewed during the camp, and each participant's image and first name may subsequently appear in print or electronic media. Full names and other information will not be shared without first contacting parents/guardians.

AGREEMENT AND RELEASE

I hereby affirm that the attached information about my child is correct, and that I have read and agree to the above policies. My child, _____, has permission to engage in all activities of this program unless noted otherwise. I give Knox County Schools permission to use my child's likeness in materials promoting its programs. Knox County Schools, Farragut High, its employees, program volunteers and affiliates are released from any and all liability, claims, or causes of actions.

Signature of Parent or Guardian

Date

*Mail pages 2 and 3 and check (payable to **Flagship Robotics 3140 Foundation**) to:
Farragut HS, Attn: Brian Peters, 11237 Kingston Pike, Knoxville, TN 37934
Or email to: team3140@gmail.com*

Farragut High Robotics Camp Application

Student Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

School attended this year:

Public _____ Grade Level: _____

Private _____

Homeschool _____

Special Needs: (allergies, disorders, disabilities, medications, accommodations, etc.)

Previous Experience: (with robotics, LEGOs, mechanical kits, programming, etc.)

Contact information:

Parent/Guardian 1: _____

Cell _____ Home: _____

Work _____ Other _____

Email _____

Parent/Guardian 2: _____

Cell _____ Home _____

Work _____ Other _____

Email _____

In case the above student needs medical attention, I give permission for medical assistance to be administered for my son/daughter.

Parent/Guardian Signature _____

Date _____

Comments: