

Lego® Robotics Engineering Spring 2012 Camp at American Martyrs School Manhattan Beach

- Grade 1– 8: Students will be placed in age and grade appropriate teams
- Customized Lego® Engineering projects based on **I-STEAM** (Integrated Education of Science, Technology, Engineering, Art, and Math) Curriculum.



Young Scientists and Young Engineers (Exploring I-STEAM via LEGO® MINDSTORMS):

Grade

appropriate project based curriculum.

Subjects covered: Applied Science,

Technology, Engineering, and Mathematics (STEM), Presentation and Team Collaboration Skills. **Learning Activities:**

Hands-on Inventory Lab, Team Work Exercises, Goal, Design, Build, Program, Test, Play and Re-analyze using Mathobotix

Robotic System Development Life Cycle™ process. Young Engineers and Young Scientists solve problems and

develop solutions as used in real-world applications of day-to-day life and workplace. Finish camp with team

competitions and show-and-tell presentations in front of parents and guest audience.

Tentative Weekly Schedule:

9:00 AM	Campers arrive
9:05 AM	Overview
9:20 AM	I-STEAM & BOTBUILD
10:00 AM	Snack
10:30 AM	I-STEAM & BOTBUILD
12:00 PM	Lunch
12:30 PM	I-STEM & BOTBUILD
2:30 PM	Break
2:40 PM	I-STEM & BOTBUILD
4:00 PM	Campers leave.

To Know:

Note: Mini team competitions and Show & Tell events are conducted during the last hour of the camps. **Lunch and Snacks:** Please send sack lunch, 2 snacks, and drinks.

- **Camp Schedule/Fee:**
- 5 day camp (M – F) 9am - 4pm/\$259
- 3 day camp (M – W) 9am - 4pm/\$199



For Office Use Only: [] QB [] Roster [] Payment Check # [] Notes: _____

CAMP LOCATION: American Martyrs -1701 Laurel Avenue, Manhattan Beach, CA

5-Day Camp : April 9 – 13 (5 days)

3-Day Camp: April 9 – 11 (3 days)

All-Day Camp Fee: \$ _____ Half-Day Camp Fee: \$ _____ Total Fee: \$ _____

Child's Name: _____ Date of Birth: ____ / ____ / _____

Grade: _____

Name of School: _____

Parent(s)/Guardian(s): _____

Home Phone: (____) ____ - _____ Work Phone: (____) ____ - _____

Email: _____

Health Concerns: [] None [] Health concerns are: _____

Select appropriate Box:

[] My child will be dropped off by: _____
Phone: (____) ____ - _____

[] My child will be picked up by: _____
Phone: (____) ____ - _____

PAYMENT OPTIONS: Fax/eMail/USMail completed Registration form to Mathobotix. See address below.

[] Check ***Make checks payable to **Mathobotix***** (3% processing fee applied to Credit Card transactions)

Fee Non-Refundable. No prorating for missed days. \$25 fee for returned checks.

[] Credit Card [] Visa [] MasterCard Card #: _____ - _____ - _____ Expiration Date: ____ / ____

Name as it Appears on the Card: _____

Signature: _____

Billing Address:
Street: _____
City: _____
State: _____ ZIP Code: _____

Mailing Address:
Street: _____
City: _____
State: _____ ZIP Code: _____

Liability and Hold Harmless Agreement In the event of an accident, illness, or injury, and the person listed above cannot be reached; I hereby give the program personnel permission to take action as deemed necessary in the best interest of my child. Furthermore, I do not hold Mathobotix, its sponsoring agencies, and/or its staff or representatives responsible for injuries to my child, which could occur due to the nature of the activity in which my child is engaged. I also understand that the Mathobotix staff reserves the right to terminate the participation of any student when it is deemed in the best interest of either the student or the summer camp programs.

Signature of Parent/Guardian _____ Date: _____

TALENT RELEASE: I hereby consent to the release of my minor child, (name) _____ the off and/or on camera performance and/or likeness and name to be used by Mathobotix for educational, research, advertising and marketing purposes and I acknowledge that I will be entitled to no compensation for said work.

SIGNATURE _____

DATE ____ / ____ / ____