

# Special Robotics Day Camps @ BIG Little Science Centre

**FREE** for each day: includes free snack and lunch

**Friday, February 8: First Nations Boys and Girls**

**Friday, March 1: Girls Only**

9:00 am to 3:00 pm; at BIG Little Science Centre, 655 Holt Street

Sponsored by: Engineers and GeoScientists of BC

**Do you like Robots?**

**Would you like to design, build and program your own robots?**

**How about running your robot through a challenge course or designing it to solve problems?**

**If you answered yes to any of the above**, then the BIG Little Science Centre Robotics Day Camp is for you! Join us to design, build a Mindstorms Robot (using the Lego NXT robot system), and then create a computer program to your robot perform tasks and solve challenges.

**Students in grade 5 and up are invited to join in the robotic fun.**

**No prior robot construction or programming knowledge is required.  
Students will work at their own skill level from beginner to advanced.**

## Registration and Consent Form

**Name of Participant:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Medical Concerns (allergies, food concerns, health issues, behavioral concerns, medication currently in use, other):**

\_\_\_\_\_

**CARE Card #:** \_\_\_\_\_

Printed name of Parents/Guardians: \_\_\_\_\_

**Email address:** \_\_\_\_\_

Contact Phone Numbers:

work: \_\_\_\_\_ home: \_\_\_\_\_ cell: \_\_\_\_\_

Address of Parents/Guardians: \_\_\_\_\_

Local contact name, address and phone number if from out of town: \_\_\_\_\_

\_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_

Emergency Contact Phone #'s:

work: \_\_\_\_\_ home: \_\_\_\_\_ cell: \_\_\_\_\_

**Who will pick up your child at end of day?** \_\_\_\_\_

## Permissions

1. I hereby give permission to have pictures taken of my child in the program setting for general record-keeping.

Yes  No

2. I hereby give permission to have pictures taken of my child in the program setting for publicity purposes, newsletters.

Yes  No

3. **In case of accident or illness, if a parent or guardian cannot be reached, we will take your child to the emergency ward of the nearest hospital. Signing the consent form gives your authorization for emergency health services.**

The BIG Little Science Centre Robotics staff is preparing a variety of scientific projects and experiments for the participants.

I, \_\_\_\_\_ (**name of Parent or Guardian**) understand that activities of this type expose the students participating to elements of risk. Accidents may occur while participating in these activities. The BIG Little Science Centre employees have been trained in both WCB Level 1 First Aid and Workplace Hazardous Materials Information System (WHMIS) courses. We will take all necessary and appropriate safety precautions and will attempt to minimize any associated risks. These accidents may cause injury. Examples of injury which may occur while participating in this type of activity include:

1. **Sports related injuries from participating in games and activities.**
2. **Cuts from sharp objects or cutting utensils used.**
3. **Injuries resulting from improper use of a variety of chemicals.**

Accidents can be a result of the nature of the activity and can occur without fault on either part of the student, of the BIG Little Science Centre Program or its employees or agents. By allowing your child to participate in this activity you are accepting the risk of accident occurring.

I give \_\_\_\_\_ (**name of participant**) permission to participate in the BIG Little Science Centre's Robotics Day Camp.

The information in this application is correct and I am the parent or guardian of

\_\_\_\_\_ (**name of participant**).

I hereby have read and agree to all terms and conditions on this application.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signed by Witness (19 years or older): \_\_\_\_\_

Date: \_\_\_\_\_

Printed name of Witness and address: \_\_\_\_\_

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**Registration requires the completion of both pages of this form.**

**DELIVER TO: BIG Little Science Centre**

**By mail to:** 655 Holt Street, Kamloops, V2C 5M8, or **by email to:** susan@blscs.org