HUSTON-TILLOTSON UNIVERSITY
ENVIRONMENTAL RESCUE ROBOTICS CAMP

REGISTRATION FORM

9th-12th Grade Girls

PROGRAM DATES: July 29-August 2, 2013, 9:00 am-4:00 pm.
APPLICATION DEADLINE: June 7, 2013 (May 31 for early decision and scholarship opportunities)
PROGRAM COST: $250. Lunch, snacks, and all supplies are included.

A complete application includes the following items:
1. Registration Form
2. Medical Information Form with Immunization Records (including date of last tetanus shot)
3. Recommendation Form completed by the student’s teacher/school counselor

Mail the completed application to:
HT Robotics Camp
Attn: Lauren Ortega
900 Chicon Street
Austin, Texas 78702

Or email to lsortega@htu.edu

A confirmation email will be sent once the completed application is received. Campers will be notified of acceptance by May 17 for early decision/scholarship applicants and by May 27 for all others. Payment of the camp fee of $250 by July 1, 2013 is required to hold the camper’s place.

Questions? Contact Lauren Ortega, Dickey-Lawless Bldg., Rm. 201 lsortega@htu.edu 512.505.3112

REGISTRATION INFORMATION

Applicant First Name: _________________________ Last Name: ___________________________ Age: ___
Entering Grade in Fall 2013: 9 10 11 12  School: ___________________________________________
School Address: ___________________________________________________________________________
GPA: _______ Adult T-Shirt Size: Small Medium Large XLarge

Please list all junior high and high school level math classes you have taken:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
Do you have any experience in robotics? YES NO If yes, explain:
_______________________________________________________________________________________
__________________________________________________________________________________________

Applicant’s Parent/Guardian First Name: ____________________________ Last Name: ____________________________
Parent Email Address: _____________________________________________
Home Phone: __________________ Work Phone: ___________________ Cell Phone: ___________________
Home Address: ___________________________________________________________________________

Would you like to be considered for a camp fee scholarship? YES NO

PERMISSION STATEMENT AND RELEASE OF LIABILITY

My daughter/ward, ____________________________, has my permission to participate in the Huston-Tillotson (HT) Robotics Camp. I acknowledge that her participation is elective and voluntary.

I understand that as a part of the HT Robotics Camp, my daughter/ward may be videotaped, audiotaped, interviewed, and/or photographed and I agree to allow HT to keep, as HT’s property, the products of such videotaping, audio taping, interviewing, and/or photographing. I agree that such material, along with my child’s name, may be used by HT for promoting the Robotics Camp, for sharing with our partnering organization, the Texas Girls Collaborative Project, and for publication.

I understand that by participating in the HT Robotics Camp, my daughter/ward becomes part of a program/study concerning girls and their attitudes toward math and science. I hereby grant permission for my daughter/ward to participate in this program/study. I further understand that HT will only release study information in accordance with HT policies and procedures.

I understand that participating in the HT Robotics Camp allows my daughter/ward no special rights or expectations regarding HT, including the right to sue any party involved in the implementation and execution of the HT programs. I agree to hold harmless HT, their agents and employees from all claims, damages, losses, injuries and expenses arising out of or resulting from participation in these activities. I further agree not to sue HT, their agents and employees for any actions or causes of action, including the negligence of HT arising out of participation in this program.

I understand that as a participant in the activity my daughter/ward could sustain serious personal injuries, illness, property damage, or even death and that there may be other risks not known to me or not reasonably foreseeable at this time. I further understand and agree that any injury, illness, property damage, disability, or death that she may sustain by any means is my sole responsibility.

Parent/Guardian Signature: ____________________________ Date: __________________

NOTIFICATION OF REFUND POLICY

Cancellations made before July 8th, 2013 will receive a full refund of the $250 camp fee. Late cancellations will not receive refunds.

Parent/Guardian Signature: ____________________________ Date: __________________
HEALTH HISTORY INFORMATION

In order for the HT Robotics Camp to better serve your camper, please describe any special needs or medical concerns that camp staff should be made aware of. These may include but are not limited to the items below. This information will be kept confidential.

1. Is the camper currently under any type of medical treatment?    YES    NO
   If YES, please explain:

2. List any allergies, dietary restrictions, or drug reactions:

3. List any physical disabilities that may impact activities:

4. Does the camper carry an Epi-pen?    YES    NO

5. Please list all medications that camper is presently taking:
   Name of Medication                      Dosage and Schedule                      Prescribing Doctor

6. Primary Physician’s Name ____________________________ Phone ____________________________
   Additional Provider (if applicable) ______________________ Phone________________________

7. Does your child have medical insurance?    YES    NO
   Name of Insurance Provider ____________________________ Phone ____________________________
8. Does camper currently have or has ever had:

- Heart Trouble
  - YES
  - NO
- Asthma
  - YES
  - NO
- Fainting Spells
  - YES
  - NO
- Seizures
  - YES
  - NO
- Allergies
  - YES
  - NO

9. Date of Last Tetanus shot:

Please attach a copy of full immunization record.

AUTHORIZATION TO RELEASE

During the hours that HT Robotics Camp is in session, I, ___________________________, can be reached at __________________________ (cell) or ___________________________ (home). If I cannot be reached in the event of an emergency, the following adult is authorized to act in my behalf. This person may also pick up the camper. He/she may be required to show photo ID.

Name: ___________________________________________ Relationship to girl: ____________________________
Home Phone: ____________________ Work Phone: ____________________ Cell Phone: ___________

If neither the authorized person designated above nor I can be contacted in the event of an emergency, I give permission for my daughter/ward to be transported to an emergency room or other medical facility and to be treated by a physician, dentist or qualified attendant. I authorize any qualified person to render necessary emergency medical care. I have notified HT of all medical and health conditions that my daughter/ward has had or currently has.

Parent/Guardian Signature: ___________________________________________  Date: _________________
PROGRAM DATES: July 29-August 2, 2013, 9:00 am-4:00 pm.
APPLICATION DEADLINE: June 7, 2013 (May 31 for early decision and scholarship opportunities)

PART 1: TO BE COMPLETED BY APPLICANT

All parts of the application must be completed or the application will be considered incomplete. Incomplete applications will not be processed.

Applicant First Name: _________________________ Last Name: ___________________________ Age: ___
Entering Grade in Fall 2013: 9 10 11 12 School: __________________________________________

PART 2: TO BE COMPLETED BY APPLICANT’S SCHOOL COUNSELOR OR SCIENCE/MATH TEACHER

Especially important is your evaluation of the student’s desire to work effectively during this week-long robotics camp. Without this information, the student’s application is incomplete. Please complete the nomination form as honestly as possible. Your assistance is deeply appreciated.

A. Place an “X” in the appropriate column for each characteristic listed.

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<th>CHARACTERISTIC</th>
<th>EXCELLENT</th>
<th>GOOD</th>
<th>FAIR</th>
<th>POOR</th>
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<td>Academic performance</td>
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<td>Conduct in class</td>
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<td>Class participation</td>
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<td>Respects others and their property</td>
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<td>Follows instructions well</td>
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<td>Completes assigned work on time</td>
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<td>Analytical thinking skills</td>
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<td>Maturity</td>
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<td>Punctuality</td>
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<td>Eager to learn new things</td>
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B. Please indicate how long you have known student and/or what course(s) you have taught her.

__________________________________________________________________________________________________

C. Please provide comments on motivation, ambition, behavior, and personality that you feel are pertinent to the student’s performance in the HT Robotics Camp. If the student fails to satisfy some academic requirements, please explain in detail. **Comments may be written on the back of this form.**

Counselor/Teacher Signature: __________________________________________ Date: ________________
Printed Counselor/Teacher Name __________________________________ Phone: __________________

Give completed form to student in a signed across the seal envelope
or mail to: HT Robotics Camp Attn: Lauren Ortega 900 Chicon Street Austin, TX 78702
or scan and email to lsortega@htu.edu