SUMMER ROBOTICS CAMP
STUDENT APPLICATION PACKET
Return to:
St. Philip's College-Southwest Campus
Centers of Excellence for Math and Science, Rm C-153
800 Quintana Rd., San Antonio, TX 78211
Telephone No.: 210-486-7119
SCoy-Mahula@alamo.edu

Date of Birth: __________ / __________ / __________

<table>
<thead>
<tr>
<th>Student Last Name</th>
<th>First Name</th>
<th>Middle Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent/Guardian Last Name</td>
<td>Parent/Guardian First Name</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Primary Telephone (Area Code and Number)</td>
<td>Secondary Telephone (Area Code and Number)</td>
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<tr>
<td>Primary E-mail Address</td>
<td>Secondary E-mail Address</td>
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2012-2013 grade level: 4th 5th 6th 9th 10th 11th 12th

<table>
<thead>
<tr>
<th>Class Name</th>
<th>Class Time / Date</th>
<th>Grades</th>
<th>Class Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lego NXT Robotics</td>
<td>09:00-04:00 August 6th – 10th</td>
<td>4th to 6th</td>
<td>Students will learn about Space and Robotic exploration using Lego Kits. They will construct robots and learn to program them using computers.</td>
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<thead>
<tr>
<th>Class Name</th>
<th>Class Time / Date</th>
<th>Grades</th>
<th>Class Description</th>
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<tbody>
<tr>
<td>Advanced Robotics</td>
<td>09:00-04:00 August 6th – 10th</td>
<td>9th-12th</td>
<td>Students will use the larger metal based kits and will be introduced into computer programming and the C+ language.</td>
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</tbody>
</table>

I hereby certify that the above information is true, complete, and accurate.

Parent Signature

Dear Parent/Guardian:

Thank you for your interest in our Summer Robotics Program at St. Philips College.

Our Robotics Program provides classes aimed to promote learning in the areas of science, technology, engineering and math using robotics as a tool to motivate students to learn while having fun. They learn by first building simple robots and then progressing to building more complex models. Students work in groups to design, build and program Lego system robots using laptop computers. Classes are kept small to facilitate the hands-on learning experience and project work. Classes run 6 hours for 5 days provides 30 hours of total instruction.

While participating in our program, students are expected to conduct themselves as model participants.

Enrollment is limited and you will be notified if your child has been accepted into the program. A waiting list will be developed and if there are cancellations it will be used to fill the vacancies that occur.
Summer Robotics Class Behavior Agreement

It is very important that students and parents/guardians understand the expectations held by St. Philip’s College.

While attending the Summer Robotics program, students will conduct themselves as “model participants.”

Please, review the following rules with your child:

- **No drugs/medications can be administered by St. Philip’s College representatives.**
- All prescription medications should be reported to the program coordinator and administered by the parent/guardian; otherwise, no medications or drugs are allowed.
- Show respect for individuals and their property.
- Use “inside voices” when inside the campus buildings.
- Food and drink including gum and candy is allowed only during breaks.
- No weapons are allowed on the St. Philip’s College campus.
- Altering campus property (defacing, damaging, etc.) is also prohibited.
- No disruptive behavior is will be permitted. Parents/guardians will receive immediate parent notification of their child’s behavior. A second notice will constitute expulsion from the program.
- Please identify special needs (physical disability, learning disability, ADHD, ADD, Emotional disorder, etc.) on Summer Robotics Program Assessment and notify Dr. Jo Dee Duncan, Director of the Centers of Excellence, at 210-486-7121.

St. Philip’s College staff will make every effort to assure that classes and events take place at their scheduled locations and times.

**Participant supervision is NOT available outside the programmed times & locations.**

I have read and fully understand the Summer Robotics Behavioral Agreement. I understand that as a Summer Robotics Summer Program parent/guardian and participant, we are required to adhere to these rules and all pertinent rules and guidelines that are deemed necessary by the college administration for the duration of the program and while on the St. Philip’s campus locations.

I agree to thoroughly discuss these rules with ____________________________

(Child’s Full Name)

to ensure understanding and compliance. I understand that non-compliance can constitute immediate dismissal from the program without entitlement to tuition/fees refunds.

_____________________________  __________________
Parent/Guardian Signature:  Date

Submit completed forms to Stacie Coy-Mahula at St. Philip’s College, 800 Quintana Rd, San Antonio, TX 78211. Fax to (210) 486-9173.
Emergency Contact and Medical Information

All prescription medication should be reported to the program director. No drugs or medication are allowed or administered by St. Philip's College representatives. Medications are to be administered only by the participant’s parent/guardian.

Participant Name: ________________________________

Parent(s)/Guardian(s) Name: ________________________________

Daytime Phone Number: ________________________________

Emergency Contact(s):

(____) ________________________________

Last Name, First Name: ________________________________

Daytime Telephone: ________________________________

Who has been designated to pick up the participant(s) each day?

<table>
<thead>
<tr>
<th>Relationship to Participant</th>
<th>Last Name, First Name</th>
<th>Daytime Tel.No.</th>
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List ALLERGIES:

___________________________________________________________

List MEDICATION:

___________________________________________________________

Is the student under any medications?

_____ Yes - List them here:

___________________________________________________________

_____ No

How often does your child take medication?

_____ Daily (Monday – Friday)   _____ Weekly   _____ No medication taken

Additional pertinent information regarding your participant’s learning/emotional/physical needs below:

___________________________________________________________

___________________________________________________________

Submit completed forms to Stacie Coy-Mahula at St. Philip’s College, 800 Quintana Rd, San Antonio, TX 78211 or fax to (210) 486-9173 prior to the first class day to ensure program participation.
Release and Indemnification Agreement Letter

TO THE PARENTS AND GUARDIANS OF THE SUMMER ROBOTICS PROGRAM PARTICIPANTS:

St. Philip’s College is pleased to be able to provide the children in the community with challenging, creative, safe and fun activities throughout the year. We strive to make their time with us not only enjoyable, but safe.

As parents and guardians of these children, Alamo Colleges feel you should be fully informed of the conditions under which your children are visiting our campuses.

Under the Texas Tort Claims Act, St. Philip’s College is a political subdivision of the State of Texas. Under this Act, Alamo Colleges are not responsible or liable to any person for property damage, personal injury or death. The only exception to the above involves an Alamo Colleges-owned vehicle. Under the Act, the damages Alamo Colleges may be held responsible for are limited for property damage, personal injury or death caused by a District-owned vehicle.

St. Philip’s College has a Student Health Center, which will be open only Monday through Friday from 8:00-5:00. So there will be no nurse on duty during the Summer Program. However, no treatment, other than in a life threatening event, may be provided without a signed release from the parent or guardian.

The attached Release and Indemnification Agreement is mandatory for your child’s participation in Summer Robotics Program. This Agreement will allow our campus faculty and staff to provide emergency and/or minor medical care for injuries or illnesses, which may occur while your child is participating in our Summer Robotics Program.

Signed Releases must be returned prior to the start of the program to allow your child’s participation. Please be assured that every effort has been made to provide your child with a healthy, safe, “kid friendly” environment in which to enjoy these year round programs. Should you have any questions, please call (210) 486-4421.

________________________________________
Participant Name and Date

________________________________________________
Parent / Guardian Signature and Date
Release and Indemnification Agreement
Concerning

(Name of Child)

The undersigned representative, on behalf of the child named above (hereinafter “the child”), who desires to participate in the Summer Robotics Program, and in consideration of being permitted to participate in said activity, voluntarily and knowingly executes this release and indemnity agreement on behalf of the child with the express intention of extinguishing the rights and obligations designated herein. The undersigned representative, on behalf of the child, hereby grants the Campus Nurse(s) of the Alamo Colleges, the permission to provide treatment for emergency and/or minor medical injuries or illnesses, which may arise while the child is participating in a Summer Robotics activity.

As representative of the child, I hereby elect to and assume all risks for claims hereinafter arising, known or unknown, from the conduct of the Summer Robotics Program and hereby knowingly and voluntarily expressly release the Alamo Colleges, its employees, agents, representatives, officers, directors or others acting on behalf of Alamo Colleges, from all liability for claims arising out of such matters.

With the intention of binding the child and with full authority to do so, I hereby release, discharge and indemnify the Alamo Colleges, its employees, agents, representatives, officers, directors or other acting on behalf of Alamo Colleges, from any and all claims, demands, actions, judgments and executions which the child ever had, or now has, or ever will have, or which the child may claim to have against Alamo Colleges, its employees, agents, representatives, officers, directors or others acting on behalf of Alamo Colleges, in connection with or arising out of, directly or indirectly, any and all matters relating to the Summer Robotics Program, including any alleged acts of negligence by Alamo Colleges’ employees, agents, representatives, officers, directors or others acting on behalf of Alamo Colleges.

As the duly authorized agent of the child, I have read this release and indemnification and understand all of its terms. This release and indemnification agreement is executed voluntarily and with full knowledge of its contents and significance.

__________________________________________
Duly Authorized Representative for the Child

__________________________________________
Print Name Here

Issued 4/1/2012
**Photo Release Form**

I allow the Public Relations office at St. Philip’s College and its photography consultants, contractors, full-time and part-time employees to take photographs of my child ________________.

(Print child’s name)

Further, I hereby release and otherwise agree to hold St. Philips College and its employees harmless from any and all claims arising out of, or resulting from, my child’s appearance in the above production.

I further understand that I have the right to revoke this permission to St. Philips College at any time. This will only apply to future marketing, advertising and public relations pieces, not those already in existence. If I choose to revoke these rights, I must do so in writing and the document must include my signature.

These photos will be used for marketing, advertising and public relations purposes and may appear in brochures, newspapers, magazines, buses, movie theaters, other such marketing pieces, or in the photographer’s portfolio. I agree that I will not receive any pay or reimbursement for these photographs.

_________________________________________________________
Name of Child

_________________________________________________________
Name of Parent

_________________________________________________________
Signature

_________________________________________________________
Date