

Release for Medical Treatment & Waiver of Liability

Application WILL NOT be complete until this signed form is returned. I certify that my child is in good physical condition and can partake in the daily schedule of events. I grant permission for the camp directorsto act for me according to their best judgment in any emergency requiring medical attention, including treatment at a local hospital.

The undersigned hereby acknowledges that participation in the camp and related activities involves an inherent risk of physical injury, and the undersigned, on behalf of the registrant, hereby releases and forever discharges the camp and all employees and agents thereof from any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from the registrant's participation in or involvement with this camp, including any failure of equipment or defect in the premises.

I also grant The Bolles School permission to use my child's photograph in any promotional literature or on the School web site.

Signature of Parent or Guardian

Date

Hospital Preference

Join Us!
Robotics Camp
2009


BOLLES
Middle School Bartram Campus
2264 Bartram Road
Jacksonville, FL 32207

Robotics Summer Camp 2009

**A DAY CAMP FOR STUDENTS IN
GRADES 5 - 12**

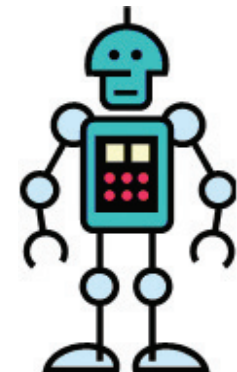
THREE SESSIONS

June 15-19

June 22-26

June 29-July 3

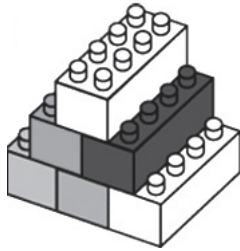
Monday - Friday
9 a.m. – 3:30 p.m.



BOLLES ROBOTICS CAMP

BUILD AND PROGRAM
YOUR OWN ROBOTS!

HAVE FUN
USING LEGO
BRICKS!



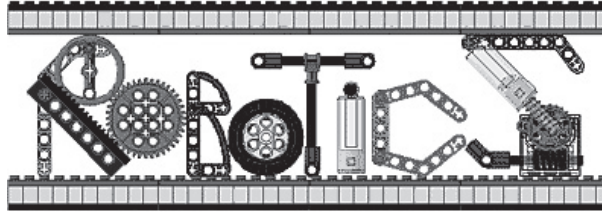
We provide all kits and materials including Robolab 2.9, light and touch sensors, lamps, and more!



We will upload our creations to a web site



Bring your own lunch



Camp is held on the Bolles
Middle School Bartram Campus
Room T-100
beginning at 9 a.m.
Pickup is at 3:30 p.m.
No Extended Day is available.
Please be prompt!

Camp Director:
Gloria Wood

COST: \$350
PER SESSION
INCLUDES SNACKS
& WATER BOTTLE

FOR ADDITIONAL INFORMATION, CONTACT
GLORIA WOOD AT 733-5879

Robotics Camp 2009 Registration Form

Camper's Name

Grade in 2009-10

Date(s) Attending

Parent's Name

Address

City, State, ZIP

Home Phone

Work Phone

Emergency Contact Name/Relationship

Emergency Contact Phone

Please make check payable to:
Bolles Robotics Camp
and return to:
7400 San Jose Boulevard
Jacksonville, Florida 32217

**WE CANNOT ACCEPT DEBIT OR CREDIT
CARDS.**