

ART, ROBOTICS, & TECHNOLOGY FOR YOUTH 2017 SUMMER WORKSHOP

Dates & Time:

July 24-July 28
9am – 12:30pm

Application and Cost:

Free! But space is limited.
Pre-registration is required to participate.

Preference will be given to those who are new to the program

Application does not guarantee a place in the workshop, we will maintain a waiting list for those not initially selected and will notify applicants of their status no later than April 20th.

Location:

Canisius College Science Hall
Main Street, Buffalo NY 14208-1517
(Near Delavan & Main NFTA Subway Stop)

Contact:

Anne Gullotti
716.645.0766
techne@buffalo.edu

The Art, Robotics & Technology for Youth summer robot workshop offers middle school children (entering grades 5-8 in Fall 2017) an amazing opportunity to learn and experiment with robot art projects! Students will create and build unique working robots and will participate in art and robotics activities. Students will be supervised by professors Debra Burhans, PhD (Canisius College), and Karthik Dantu, PhD (University at Buffalo). The workshop will culminate in a presentation of student robot projects on Friday, July 28 at 11am.

Drop off each day is between 8:45 AM and 9:00 at the entrance to Science Hall by M and T Bank on Main Street. A light morning snack will be provided each day. Staff will be available to greet the students and parents and to escort them into the building. An adult **must** sign students in and out of the workshop. Students must be picked up by 12:30pm sharp. Failure to do so may result in the student being asked to leave the workshop.



2017 Art & Robot Workshop Application
(Please print your responses. One form per student.)

Student First & Last Name: _____

Grade for 2017-2018: _____ School: _____

Parent/Guardian #1 First & Last Name: _____

Daytime Phone: _____ Home Phone: _____

E-mail Address: _____

Parent/Guardian #2 First & Last Name: _____

Daytime Phone: _____ Home Phone: _____

E-mail Address: _____

Emergency Contact First & Last Name: _____

Relation to Student: _____ Contact Number: _____

Please give an estimate of your child's school average for the past academic year: _____
(Letter grade or numeric average is fine.)

Has your child participated in ARTY before? ___ Yes ___ No

Has your child participated in other robotics workshops? ___ Yes ___ No

- If yes, please explain the activities in the other robotics workshops:

Code of Conduct

A safe and positive learning environment will be maintained in the workshop at all times, allowing students to enhance their skills in an exciting hands-on atmosphere. Students are expected to respect the personal rights of their peers and to abide by the expectations stated in the attached **Code of Conduct**.

In the event of misconduct, the parent or guardian will be notified. If the unacceptable behavior is repeated, the student will be removed from the remainder of the week's activities.

Your application should also include at least **one of the following**:

- Letter of recommendation from a recent teacher:
 - Why will this student benefit from the workshop? What has the student demonstrated that suggests their interest in robots and art?
- Statement of interest from a primary guardian:
 - Why are you selecting this program for your student? What do you hope she or he will gain from the experience?
- Statement of interest from the student:
 - Why are you interested in this workshop? What would you like to learn?

Registration Information

Complete the following information:

Does the student have any known **food** allergies? If yes, please describe below.

Does the student have any other known other allergies? If yes, please describe below.

Please indicate any other physical or medical accommodation the student may require.

Pick Up/ Drop Off

To eliminate any mistakes related to the drop-off/pick-up of your child:

Indicate each person (including yourself) who is authorized to pick up your child after each day's activity:

Name	Relationship	Phone #	Cell Phone #
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Name	Relationship	Phone #	Cell Phone #
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Name	Relationship	Phone #	Cell Phone #
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Name	Relationship	Phone #	Cell Phone #
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Name	Relationship	Phone #	Cell Phone #
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The workshop sessions are conducted from 9 am – 12:30 pm. Child supervision will NOT be available before 8:45 a.m. or after 12:30 p.m. for students. ARTY and Canisius College cannot and will not assume responsibility for children outside this time frame. Neither ARTY nor Canisius College are responsible for minors authorized to leave class without adult supervision.

Consent Form

Consent and Release for Photography and/or Video Documentation*

- Yes, you may use my child's image in documentation of the workshop.
- No, please do not use my child's image in documentation of the workshop.

**This is not required for participation in the workshop.*

Signature

Printed Name

Date

Health Information

Please note: No nurse will be on staff at the ARTY camp. ARTY Staff cannot administer any medications to your child; this includes over-the-counter medications.

Participant Health Insurance Information:

Child/Ward is covered by family medical/hospital insurance? Yes _____ No _____

If so, indicate carrier or plan name _____

Group Number _____

Name of Insured _____

Policy Holder ID Number _____

Name of Family Physician _____

Telephone Number of Family Physician _____

Name of Family Dentist/Orthodontist _____

Telephone Number of Family Dentist/Orthodontist _____

Consent and Release for Medical Treatment

I, _____, the parent/guardian of _____, a minor, sign this agreement on behalf of, myself and my child/ward. In consideration of my child's/ward's attendance and participation at the Arts, Robotics, Technology for Youth Workshop and all associated activities (collectively called "the Workshop"), I execute this Consent for Medical Treatment (the "Consent") with ARTY, Canisius College, and any related and affiliated entity including Workshop staff, Canisius employees, agents, insurers, successors and assigns. I understand and agree that this Consent shall be binding on me and my child/ward, as well as the representatives, executors, heirs, next of kin, administrators, beneficiaries, successors and assigns of my child/ward.

I hereby authorize any licensed physician, emergency medical technician, paramedics, nurses, hospital or other medical or health care facility or provider ("Medical Provider") to provide medical care to my child/ward for any illness, injury, and/or condition that occurs, manifests or arises at the Camp. I further authorize any such Medical Provider to perform all procedures or services deemed medically advisable to treat or relieve, or to attempt to treat or relieve, any illness, injury, and/or condition. I acknowledge that there is a risk of complications and unforeseen consequences in any medical treatment, and I knowingly and voluntarily agree to assume any such risk for and on behalf of myself and my child/ward. I acknowledge that no warranty is being made as to

the result of any medical treatment. I agree that any health history provided by me or my child/ward is correct to the best of my knowledge. I acknowledge having knowledge and experience with the health and capabilities of my child/ward superior to Workshop Staff. I certify that my child/ward is in good health and does not have any health or mental/physical impairments or conditions that would be aggravated by attendance or participation at the Workshop or that make such attendance or participation unsafe or otherwise inappropriate for my child. A copy of this Consent may be used in place of the original.

I acknowledge and agree that this Agreement is intended to be as broad and inclusive as permitted by law. If any provision is invalidated or unenforceable, the remaining terms of the Agreement shall not be affected thereby but shall be valid and enforceable to the fullest extent permitted by law. The invalid provision shall automatically be replaced by a substitute provision which is valid and as nearly as possible maintains the same purposes and intention of the invalidated or unenforceable provision. I acknowledge and agree that this Agreement shall be interpreted in accordance with the laws of the state of New York.

I HAVE READ AND UNDERSTAND THE FOREGOING AND ACCEPT AND AGREE TO ITS TERMS.

Signature of Parent/Guardian:

_____ Date: _____

Print Name of Parent/Guardian:

Print Name of Student:

ARTY CODE OF CONDUCT

While at ARTY, we want students to come to the lab everyday ready to learn and to enjoy themselves. They should be ready to work hard and to have fun. They will be challenged individually but will also have the opportunity to learn collaboratively. For this to happen, there are four rules that everyone is expected at all times. Be sure to read these rules carefully with your child before you both sign this document.

ARTY RULES

1. Keep your hands, feet, and objects to yourself.
2. Use appropriate language and behavior at all times. Bad language, name-calling, bullying, and other inappropriate behavior will not be tolerated.
3. Be polite and respectful to workshop leaders and fellow students.
4. Follow instructions and rules.

If I break one of the above rules I will receive a verbal warning. If this happens again, I will be separated from the group and not allowed to join in with the others in the fun robot activities. In addition, my parent/guardian will be notified. If this happens a third time, I will be expelled from the camp.

I have read and understand the ARTY Code of Conduct and am willing to follow all of the above rules. I also understand that if I break any of the above rules, that my guardians will be contacted and I may be asked to leave and not to camp.

Student Signature

I have read and understand the ARTY Code of Conduct and have discussed the above rules with my child to ensure that he or she understands both the rules and the consequences if rules are broken.

Parent/Guardian Signature

MAIL APPLICATION TO:

Anne Gullotti
Techne Institute
608 Clemens Hall
Buffalo, NY 14261

APPLICATIONS MUST BE POST MARKED BY APRIL 10th for full consideration.