

Chico State Intelligent Systems Lab Summer Robotics Camp 2004

General Information

The Chico State Intelligent Systems Lab (ISL) has developed a week long, interactive Summer Robotics Camp to provide girls going into the 8th grade with the unique opportunity to learn more about science and math. This camp is designed to introduce these young women to the fields of Computer Science, Engineering, and Mechatronics through their learning, experimentation, building and use of robots. Daily activities and lessons allow participants to work as a member of a team in the lab where they will learn more about the science of robotics and eventually design and build their own robot.

QUALIFICATIONS:

- Applicants must be female's going into the 8th grade.
- Applicants must be able and willing to participate in camp from June 14th through June 18th, 9:00am to 3:00pm daily.
- Applicants must be willing to take on and apply themselves to intellectual challenges.

DATES:

Monday, June 14th, 2004 through Friday, June 18th, 2004 from 9:00am to 3:00pm daily.

LOCATION:

California State University, Chico campus. Participants will meet in front of the O'Connell Technology Center, located on the corner of Warner and West 1st Street.

COST:

This program is FREE to all participants and includes lunch daily.

TRANSPORTATION:

Participating students of the Summer Robotics Camp must be responsible for their own transportation to and from CSU, Chico. The Intelligent Systems Lab or any of its employees cannot provide transportation.

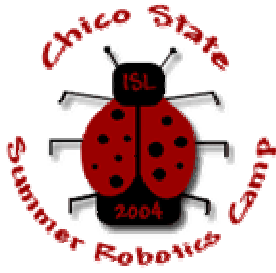
DEADLINE:

Completed applications and supplemental materials must be received by May 15th, 2004. Students should receive notification of acceptance by June 1st, 2004.

CONTACT INFO:

The Chico State Intelligent Systems Lab welcomes any questions or concerns about our Summer Robotics Camp. Please contact us at csuc_isl@yahoo.com or visit the camp's website at www.ecst.csuchico.edu/isl/SummerCamp.html

The Chico State ISL is funded in part by a grant from the National Science Foundation
Grant # 0321385
Acquisition of robotics equipment for an Intelligent Systems Laboratory



Chico State Intelligent Systems Lab Summer Robotics Camp 2004

Student Application Form

Please print legibly in ink or type.

PART 1: GENERAL INFORMATION -To be completed by applicant

Name:

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Last First M.I.

Mailing Address:

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Number and Street Apartment #

City:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Zip Code:

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Phone:

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 Gender: F M Current Grade:

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What school do you currently attend? _____

Father's Name: _____ Work Phone: () _____

Address: _____ Home Phone: () _____

Mother's Name: _____ Work Phone: () _____

Address: _____ Home Phone: () _____

Other Legal Guardian: _____ Work Phone: () _____

Address: _____ Home Phone: () _____

In case of emergency, contact: _____

Relationship: _____ Phone: () _____

Secondary emergency, contact: _____

Relationship: _____ Phone: () _____

Describe three qualities or characteristics about yourself that make you an ideal candidate for participation in the Summer Robotics Camp.

What skills, abilities, or knowledge do you wish to gain from your participation in the Summer Robotics Camp?

What subjects and fields interest you? What do you think you might do after High School?

In three sentences or less, tell us why you want to learn about robots.

PART 3: STUDENT AGREEMENT

-To be completed by applicant

I agree to participate in the ISL Summer Robotics Camp at CSU, Chico from Monday, June 14, 2004 through Friday, June 18, 2004 from 9:00am to 3:00pm daily. I will attend and actively participate in all scheduled activities such as classes, workshops, laboratories, and recreational activities. I will abide by the rules and regulations of the Summer Robotics Camp and California State University, Chico. I understand that my failure to abide by these rules or any behavior problems will result in my immediate dismissal from the program.

Applicant Signature

Date

PART 4: PARENT CONSENT, AGREEMENT

-To be completed by a parent/guardian

As the parent/guardian of _____, I certify, with my signature below, that my daughter has my consent to participate in the ISL Summer Robotics Camp at CSU, Chico.

I understand and agree that:

1. The Summer Robotics Camp will be held at California State University, Chico, from Monday, June 14, 2004 through Friday, June 18, 2004 from 9:00am to 3:00pm.
2. I am responsible for dropping off and picking up my daughter from the Summer Robotics Camp on time daily. The ISL or its staff cannot provide transportation to participants of the program.
3. If I am unable to pick up my daughter, I will authorize a designee. I understand that my daughter will not be allowed to leave the Summer Robotics Camp with a designee unless I have completed an authorization form and submitted it to the camp coordinator beforehand.
4. The Summer Robotics Camp is a free program and participants will be provided lunch daily.
5. Participants must attend and are expected to actively participate in all scheduled activities.
6. Participants will be supervised in the lab by a trained adult staff and program officials.
7. Directors will dismiss a participant from the program for failing to abide by university or program rules and regulations or for any behavior problems. In the event of dismissal, the parent/guardian agrees to pick up the participant as soon as contacted.
8. Program staff will not be responsible for administering over-the-counter or doctor-prescribed medication to participants.
9. I will be responsible for any ISL items being lost, stolen or damaged due to my daughter's negligence.
10. The ISL Summer Robotics Camp and California State University, Chico are not responsible for any of my daughters items being lost, stolen, or damaged.
11. The ISL may use pictures taken of my daughter participating in Summer Robotics Camp activities for ISL website content and CSUC promotional purposes.
12. The ISL Summer Robotics Camp, California State University, Chico, staff and owners of properties used for the program activities shall not be held responsible for injuries to my daughter during the period of enrollment in the program.

Parent/Guardian Signature

Date

In the event that my daughter becomes ill or sustains an injury while in the care or under the supervision of the ISL Summer Robotics Camp, the adult supervisors of the activity are given my permission to administer first aid for her relief. If it is not practical to return her to me or receive my instructions for her care:

I, the undersigned parent or legal guardian of the aforementioned student, a minor, do hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and emergency hospital care, which is deemed advisable by and if rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Health. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to provisions of Section 25.8 of the Civil Code of California.

I further agree not to hold the ISL Summer Robotics Camp liable for the medical aid rendered and will reimburse the ISL Summer Robotics Camp for any medical or other expenses incurred in the care of my daughter.

Does your child have any physical or medical condition/needs of which the program staff should be aware or that can restrict her participation in certain type of activities? Yes No

If yes, please describe: _____

Are there any medications that your child takes regularly? Yes No

If yes, please describe: _____

Are there any medications that your child is allergic to? Yes No

If yes, please describe: _____

Do your child have any special food restrictions or preferences (i.e. allergies, vegetarianism, religious prohibitions, etc.)? Yes No

If yes, please describe: _____

Family Doctor: _____ Date of last Tetanus Booster: _____

PART 6: STUDENT SURVEY

-To be completed by applicant

The following information will be important for program officials to know in the event that you are selected. The information that you provide will not affect the evaluation of your application. Please provide honest responses.

What is your preferred adult, unisex, T-shirt size? S M L XL

How would you rate your level of computer skills? None Novice Intermediate Advanced

How would you rate your level of robotic knowledge? None Novice Intermediate Advanced

What type of music do you enjoy listening to? _____

Check here if none _____

PART 7: RECOMMENDATION

-To be completed by a teacher or counselor

Enclosed please find a recommendation form to be completed by a teacher or counselor. Applicants will need to fill out the top portion of the form. Include your completed recommendation form in its sealed envelope with this application.

COMPLETED APPLICATION

-Please read carefully

A completed application must include the following:

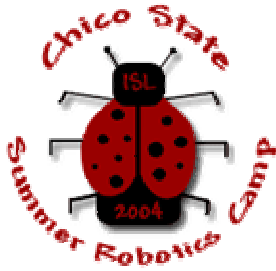
A completed application form

A completed recommendation form

All parts of this application must be completed and mailed together or the application will be considered incomplete. Incomplete or late applications will not be processed. All information provided will remain confidential.

Mail completed application to: ISL Summer Robotics Camp
Department of Computer Science
California State University Chico
Chico, CA 95929-0410

Completed applications must be received by
Saturday, May 15th, 2004



Chico State Intelligent Systems Lab Summer Robotics Camp 2004

Recommendation Form

PART A: APPLICATION IDENTIFICATION

-To be completed by applicant

Applicant:

Phone:

PART B: RECOMMENDATION COMMENTS

-To be completed by teacher or counselor

The person whose name appears above has applied for admission to the Summer Robotics Camp at CSU, Chico. The selection committee would appreciate your completion of the questions below in a specific and candid manner. Please make no assumptions about selection criteria. If your relationship with the applicant does not allow you to make an evaluation of any particular item, please indicate "n/a."

Name:

Position:

School:

Phone:

How long have you known the applicant?

_____ Years

_____ Months

	Strongly Agree	Agree	Agree Somewhat	Disagree
Has positive self-image				
Demonstrates leadership capabilities				
Has intellectual curiosity				
Enjoys math and/or science				
Survives frustrating experiences; is tolerant of minor disappointments				
Is mature enough to participate in a Summer Camp				
Is well-behaved and respectful				

On the reverse, please provide any relevant comments or insight that would be useful to the selection committee.

Signature

Date

Upon completion, please place recommendation form in the enclosed envelope, seal, and place school stamp over seal and return to applicant. This form must be mailed with the application or the application will be considered incomplete and will not be processed. *THANK YOU FOR YOUR ASSISTANCE!*