

## Application for the ATA Robotics Camp July 24-29, 2011

*Please type or print all information. Additional sheets may be attached if necessary.*

### ***Personal Information***

Name (last, first middle): \_\_\_\_\_

Address: \_\_\_\_\_ Date of birth: \_\_\_\_\_

City: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  male  female

State/Prov.: \_\_\_\_\_ Zip/Postal code: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail (required\*): \_\_\_\_\_

Name of Parents or Guardians: \_\_\_\_\_

Do you have any impairments — physical, mental or medical — that would interfere with your ability to participate in this program?  yes  no

If yes, on a separate sheet please explain and indicate if disability support services will be required.

### ***Academic Information***

Year in school during 2011-12:  Fr.  So.  Jr.  Sr.

Grade point average \_\_\_\_\_ ACT score (if available) \_\_\_\_\_

(or) other academic information: \_\_\_\_\_

List the courses you are currently taking

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you intend to go to college, what area do you plan to major in? \_\_\_\_\_

### ***Extracurricular Activities:***

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Submit your  
completed application and deposit  
to the ATA Main Office  
by Friday, June 3, 2011.**

*It is the policy of Lake Superior State University that no person shall be discriminated against, excluded from participation in, denied the benefits of, or otherwise be subjected to discrimination in employment, or in any program or activity for which the University is responsible on the basis of race, color, national origin or ancestry, gender, age, disability, religion, height, weight, sexual preference, marital status or veteran status.*

**REGISTRATION:** Students register at the Center for Applied Sciences and Engineering Technology at LSSU on Sunday, July 24, from 4-5 p.m. EDT. Instruction in the ATA **Robotics Camp** begins Monday morning. A refundable deposit of \$75 must be paid by check or money order in U.S. funds to ATA by June 3, 2011. The deposit will be refunded upon completion of camp.

**DEPARTURE:** Friday, July 29, 2011 — 3 p.m.

**Lake Superior State ATA Robotics Camp program reserves the right to terminate the stay of any student, without refund, when it is deemed to be in the best interest of either the student or the ATA Robotics Camp.**

## Parental Consent and Waiver of Responsibility

### PARENTAL CONSENT

In consideration of the acceptance of \_\_\_\_\_ as a student in the Lake Superior State University ATA Robotics Camp, the applicant agrees that Lake Superior State University and/or its staff, will not be held responsible for any accidents or loss of personal property, however caused, and agrees to release of the University from all claims or damages which may rise as a result of such accidents or loss. It is further agreed that all risks attendant to watching and/or participating in the Lake Superior State University ATA Robotics Camp are assumed by the student and parents and/or guardian and that this assumption is acknowledged and approved by their signature hereto.

The Lake Superior State University Robotics Camp reserves the right to use any pictures taken during the program for advertising and/or instructional purposes. I/we have read the foregoing, have explained its meaning to our child or ward, and understand and approve of and consent to the terms and conditions as stated.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

### AUTHORIZATION

In case of illness and/or injury, permission is granted for medical treatment to be rendered to my child/ward. I understand that I will be notified in case of serious illness. All medical bills incurred by the patient will be the responsibility of the parent or guardian. The summer program does not bill insurance companies.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

I/We approve the application of \_\_\_\_\_ for the *ATA Robotics Camp* at Lake Superior State University. All information contained within this document is true and accurate to the best of my/our knowledge.

\_\_\_\_\_  
Signature of Parent(s) or Guardian(s)

\_\_\_\_\_  
Date

***Contact ATA at 313-625-4700 or  
LSSU's Department of Engineering & Technology  
at 906-635-2207  
or via e-mail: [engineering@lssu.edu](mailto:engineering@lssu.edu)  
if you have any questions.***

**Visit us at <http://www.lssu.edu/eng> and click on 'summer camps'.  
The program brochure and application form can be downloaded from this site.**