# Instructional Goal

 The objective of this robotics program is to introduce the student to basic programming as well as problem solving strategies. This course will involve students in the development, building and programming of a LEGO Mindstorm robot. Students will work hands-on in teams to design, build, program and document their progress. Topics may include motor control, gear ratios, torque, friction, sensors, timing, program loops, logic gates, decision-making, timing sequences, propulsion systems and binary number systems. Student designed robots will be programmed to compete in various courses as developed by First Lego League.

FLL challenges kids to think like scientists and engineers. During FLL WORLD CLASS teams will build, test, and program an autonomous robot using LEGO MINDSTORMS® to solve a set of missions in the Robot Game. They will also choose and solve a real-world problem in the Project. Throughout their experience, teams will operate under FLL’s signature set of Core Values.

# Robotics Fee

# $250

#  The robotics fee will cover the snacks and t-shirt and competition registration fee. Fundraising activities will be used to cover the trip.

# Robotics Schedule and Number of Student

Tuesday 3:30 – 5:00 Friday 3:30 – 5:45 Saturday 9:00 am – 1:00 pm

We will have two teams. For each team 6 kids will be eligible.

Team members will be announced after try-out.

# Core Values

We are a team.

We do the work to find solutions with guidance from our coaches and mentors.

We know our coaches and mentors don't have all the answers; we learn together.

We honor the spirit of friendly competition.

What we discover is more important than what we win.

We share our experiences with others.

We display Gracious Professionalism and Cooperation in everything we do.

We have FUN!

# Policies and Procedures

**General Rules and Requisites:**
Attendance- it is important that students attend every meeting. Missing more than three unexcused absences will result in a suspension and/or termination from the robotics program. Each student is allowed up to two excused absences. Each tardy to practice will be reviewed by the head coach and secondary coach.

Behavior- misbehavior will not be tolerated; if any trouble should arise the student may be terminated from the program.

Participation- it is important that each student participates to really benefit from this program. Each student is also required to help fundraise to help cover travel expenses.

Grades- students must pass all their school courses to be allowed to participate in the Harmony Robotics. Failing any classes will suspend the student for a quarter. If continuing to fail a class, the student will be terminated from the robotics program.

DPS- Students with 10 DPS or More will be suspended and/or terminated from the robotics program.

# Additional Information

For liability, We (I), the parent (s)/guardian of the student mentioned above, understand and agree that the Harmony Robotics is a volunteer activity and function performed by Harmony Public Schools. This release is intended to cover all injuries of every name, type, kind or nature, and personal property damage, if any, which may be sustained or suffered from any cause connected with or arising out of, or from participation in all of the Harmony Robotics events. I give permission for my child to participate in all activities of the Harmony Robotics, and I do not hold the Harmony Public Schools liable for my child.

For Activity Costs, I am aware of the fact that, Harmony Robotics is volunteer based program held by Harmony Public Schools and all I am responsible of the costs of the Harmony Robotics program activities such as Camps, Trips, etc. and I will make the payments on time. Any outstanding payment may result in inadmissibility of my child to the activity.

# Parents

Parents are more than free to volunteer to help our students learn and grow within our Robotics Program. You will be able to talk to Mr. Balci and Mrs. Hartman at any time. If you are unable to get ahold of either the head coach or the secondary coach, please leave a message and they will get back to you as soon as they are able to.

### PARENT/STUDENT AGREEMENT FORM

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Harmony Robotics**

**2016-2017 Academic Year**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(student name) pledge to abide by all district policies of the Harmony Science Academy School District handbook. I understand that I am governed by the same rules on this Robotics Program as when I am at school. Any failure to adhere to these policies will result in disciplinary action.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Student Signature) Grade**

**We (I), the parent (s)/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understands and agree that the Robotics Programs a school sponsored activity and function. This release is intended to cover all injuries of every name, type, kind or nature, and personal property damage, if any, which may be sustained or suffered from any cause connected with or arising out of, or from participation in the listed events. I understand I am responsible for transportation costs if my child is required to return home for disciplinary measures. I understand I will be given a choice of mode of transportation to be used.**

 **Emergency Medical Release Form**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EmergencyContact/Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance Company/Policy/Group #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Doctor’s Name/Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Blood Type \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Known Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medication\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any Additional Medical Information\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In case of emergency, I authorize emergency treatment to be administered if I cannot be contacted.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature Date**