

# 2009 Adventures in Computer Science Summer Camps

for Students Entering Grades 6, 7, 8, and 9



Beginner Camp: June 14-17  
Advanced Camp: June 17-20

## About the Camps



The 2009 Adventures in Computer Science Summer Camps will be held on the Purdue University campus in West Lafayette, Indiana. These camps are sponsored by the K-12 Outreach Program of Purdue's Department of Computer Science. The Beginner Camp is open to students who are entering grade 6, 7, or 8 by the fall of 2009. No previous computer science or programming expertise is necessary, but campers should be comfortable using a computer. The Advanced Camp is open to students entering grade 7, 8, or 9 by the fall of 2009. Students enrolling in the Advanced Camp should have attended a previous session of the Computer Science Summer Camp (2008 or prior) or have some computer programming experience.

The Beginner Camp will focus on programming, using Lego Robotics and Alice programming languages. The Advanced Camp will take a more in-depth look at computer science concepts such as programming and robotics using languages such as Python, Alice, or JavaScript. Students will also participate in a PicoCricket design studio challenge.

Computer activities will take place in the Lawson Computer Science Building. These activities will be led by Mindy Hart, Purdue University computer science K-12 outreach coordinator, other computer science faculty and staff, and K-12 teachers. Purdue students will work with campers as lab assistants and camp counselors, and 24-hour supervision will be provided by camp staff. Each camp will conclude with a recognition luncheon and project show-and-tell that family may attend for an additional cost.

The camps are sponsored by the  
Purdue University Department of Computer Science

In cooperation with the  
Department of Computer Science Corporate Partners Program

## Housing and Meals

Campers will be housed on campus in the air-conditioned Hillenbrand Hall. Rooms are for double occupancy, with linens and towels provided; toiletries should be brought from home. All meals will be provided and are included in the registration fee. A special fun night is also scheduled. **Roommates may be requested, but requests must be mutual and registration forms must be returned together.** If no roommate is requested, one will be assigned.

## Cost and Registration

Check-in will be from 3-4 p.m. on the first day of camp, in Hillenbrand Hall. The registration fee includes housing, meals, fun night, the campers' admission to the recognition luncheon, and all materials. A discounted early registration fee of \$295 is available until June 1. The registration fee will be \$325, on a space-available basis, after June 1. **Register early; enrollment is limited.**

The recognition luncheon on the last day of each camp is open to parents and guests for an additional fee of \$10 per person. Tickets must be purchased with the camper's registration and will not be sold on-site.

Full refunds will be granted if the request is received in writing by June 1. Purdue University is not responsible for costs incurred due to cancellation. Campers are expected to attend all sessions and will not be allowed to leave during camp.

## Medical Care and Insurance

Medical needs will be administered through the Purdue University Student Health Center, located close to Mackey Arena, or by a member of Purdue's athletic training staff. All campers are covered by a blanket insurance policy covering injuries sustained at camp, up to a maximum of \$5,000 and in most cases \$1,000 maximum coverage for illness. Coverage does not extend to preexisting conditions. This coverage does not replace personal health insurance. A licensed physician must sign the registration form **(a school medical form signed no more than 12 months prior to camp is also acceptable).** **No medical forms will be returned.** All registrations must include this in order to hold your space.

## For More Information

For camp content information, contact:  
Mindy Hart, K-12 Outreach Coordinator,  
Department of Computer Sciences  
Phone: 765-494-7802 or 800-320-6132  
Fax: 765-496-9351; E-mail: mindy@purdue.edu  
Visit our Web site at: www.cs.purdue.edu/outreach

For registration information, contact:  
John Wellman, Conference Coordinator  
Phone: 765-494-0243 or 800-359-2968  
Fax: 765-494-0567; E-mail: jmw@purdue.edu

**Register online for the Beginner Camp at:  
www.conf.purdue.edu/begcamp**

**Register online for the Advanced Camp at:  
www.conf.purdue.edu/advcamp**

## PARENTAL AUTHORIZATION

All information on this form **MUST** be completed in order to guarantee a place in the camp.

### Purdue University Medical Authorization for Treatment of a Minor (persons under 18 years)

Pursuant to Indiana Code Paragraph 16-36-1-6, I request and authorize the Purdue University Student Health Center, Purdue University Ambulance Service, Home Hospital, St. Elizabeth Hospital, and Clarian Arnett Hospital medical personnel, agents, and employees to provide all reasonably necessary medical care advisable for the health of my child, including but not limited to medical transport, hospital tests, such as pathology, radiology, anesthesia, evaluation and treatment by physicians, including surgery, and prescription drugs. I acknowledge that no representations, warranties, or guarantees can be made with respect to any medical care or treatment provided.

I also understand that, as a result of my child's participation in this program, it will be necessary for supervisors, coaches, residence hall personnel, and others involved with the program to have access to relevant medical information pertaining to my child, and I authorize the use and disclosure of my child's medical information to promote a safe and healthy experience for my child.

Further, I hereby grant permission for my child:

\_\_\_\_\_  
**Minor's Name** \_\_\_\_\_ **Date** \_\_\_\_\_  
to attend the 2009 Purdue Computer Science Summer Camp by signing below. **A signature from one or both parents/legal guardians and a witness signature is required.**

\_\_\_\_\_  
**Signature Parent/Legal Guardian (required)**

\_\_\_\_\_  
**Signature Parent/Legal Guardian/Witness (required)**

## PHYSICIAN APPROVAL

I have examined \_\_\_\_\_  
and found him/her to be healthy for general recreational activities of his/her choosing during the 2009 Purdue Computer Science Summer Camp.

Medical Conditions \_\_\_\_\_

Current Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_  
**(If date not supplied, child may be required to obtain a tetanus shot if injured.)**

**Physician's Signature** \_\_\_\_\_

Phone \_\_\_\_\_

## EMERGENCY CONTACT

**Contact First** - Name \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Day Phone \_\_\_\_\_

Night Phone \_\_\_\_\_

**Contact Second** - Name \_\_\_\_\_

Relationship to Participant \_\_\_\_\_

Day Phone \_\_\_\_\_

Night Phone \_\_\_\_\_

*Purdue University is an equal access/equal opportunity university.*

## Registration Form

JMW

# 2009 Adventures in Computer Science Summer Camps

**All information on this form MUST be completed in order to guarantee a place in the camp.**

Name \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

School \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ (as of fall 2009)

Gender  Male  Female

Roommate Name \_\_\_\_\_

*Must be mutual. Applications MUST be returned together. Double occupancy only.*

**Printed Name of Parent/Legal Guardian (required)**

\_\_\_\_\_

Parent E-mail \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

I require auxiliary aids and services due to a disability. Please contact me at the above address.

**Fees (Please select camp and fee option.)** Early fee by 6/1 Fee after 6/1

Beginner Camp (6403-09YR) June 14-17  \$295  \$325

Advanced Camp (6404-09YR) June 17-20  \$295  \$325

\_\_\_\_\_ recognition luncheon tickets @ \$10 each \$ \_\_\_\_\_

**Payment Method (Payment is due upon submission of registration.)**

Send check or money order payable to **Purdue University** or charge to:

MasterCard  VISA  Discover  American Express

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_

**Total Enclosed \$** \_\_\_\_\_

**Signing this form gives permission for use of my child's photo for marketing purposes. No names or addresses will be released.**

\_\_\_\_\_  
**Signature Parent/Legal Guardian**

Duplicate this application as needed and return to:  
CEC Business Services  
Purdue University  
Stewart Center, Room 110  
128 Memorial Mall  
West Lafayette, IN 47907-2034  
Fax: (765) 494-0567