



Massachusetts 4-H Summer of Science



Intro to 4-H Robotics

In Partnership with the Millbury Public Library

128 Elm St., Millbury, MA

July 3rd & July 5th, 2018 1pm-3:30pm

Youth Ages 8-12

REGISTER THROUGH THE LIBRARY AT 508-865-1181
ADALLAIR@CWMARS.ORG (MAX. 24 PARTICIPANTS)

July 3rd Day 1:

- What is coding?
- Explore Robots and the EV3 platform
- What is dog agility?

July 5th Day 2:

- Quick Review & Challenge Course
- Code your “Dogbot” in teams
- Time to test your code and complete a series of challenges
- More opportunities



Come for one day or both!



UMass Extension is a unit of the Center for Agriculture, Food & the Environment in the College of Natural Sciences. UMass Extension is an equal opportunity provider & employer, United States Department of Agriculture cooperating. Contact your local UMass Extension office for information on disability accommodations or the UMass Director if you have concerns related to discrimination, 413-545-4800 or refer to www.extension.umass.edu/civilrights.

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Introduction to 4-H Robotics:

I will show respect for everyone involved in this 4-H Program. I will not willfully steal or damage property, use foul language, or carry anything that can be considered a weapon. I will not engage in behavior that can be considered physical or verbal abuse. I will not smoke or use any type of tobacco product, nor use or willingly be in the presence of drugs or alcohol.

Participant _____

I give permission and consent for photographs to be taken of my child, and for these photographs to be used in 4-H printed materials.

Parent _____

Health Form

Participant Name _____

Age _____ Date of Birth _____

List all Allergies _____

List any medications currently being used _____

Describe any limitations that may interfere with participation _____

Note any other information that may be helpful for staff _____

Emergency Contact Information:

Name _____ Relationship to Youth _____

Phone _____

In case of emergency, I hereby give my consent for necessary examination and treatment of my child as prescribed by an attending EMT or physician.

Parent Signature _____ Date _____



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