

# CAMP INTERNET EXTREME

## SPRING BREAK ~ 2020

26 YEARS OF TECHNOLOGY TEACHING EXCELLENCE!



**CAMP INTERNET: EXTREME**, entering its 26th *thunderous* year, offers students access to flat screen iMac computers, 3-D printing design, iPads, a wide variety of multimedia equipment, and two certified teachers with 40 plus years of combined technology teaching experience. Campers will have an opportunity to use these resources to produce aircraft and rockets, design and manipulate digital video, create 3-D images and animation, animated digital creatures, create studio quality music, look at coding, peek under the hood of popular video games, and gain life-long technical skills that can be used in the home and classroom. Campers will work on their own computers to generate daily projects.

**For grades 1-10.**



3D PRINTING!



DESIGN!



GAME PHYSICS!



EXPLORE!



CREATE AND TEST!



**Camp Internet** meets in the Kasuun Elementary School technology lab. Enrollment is accepted on a first-come, first-served basis. Camp Internet: Extreme. Please make checks payable to Kasuun Elementary School PTA. Send Registration form and check to Kasuun Elementary School c/o Doug Weimann 4000 E. 68th Ave., Anchorage, AK, 99507. Sessions fill quickly, register early!



Camper's Name \_\_\_\_\_

Choose Your Session: - \_\_\_\_\_

Home Ph # \_\_\_\_\_ Work # \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_ E-Mail \_\_\_\_\_

School Attender: \_\_\_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_



**MARCH 9TH - 13TH**

**Session 1**  
9 am - 12 pm

**Session 2**  
1 pm - 4 pm



<http://www.campinternetextreme.com>



Emergency	Name _____
Contact	Relationship _____
Information	Home Ph# _____
	Work Ph# _____

### PARENT ACKNOWLEDGEMENT (Must be signed before student may participate)

I am aware and understand and agree to the terms that the Anchorage School District, Kasuun Elementary School, and the Kasuun Elementary School PTA does not provide accident medical insurance for my child during any School or PTA sponsored programs. I will not hold ASD, Kasuun Elementary, the PTA, and any program staff responsible if my child gets injured. This includes this program. I am aware and agree to this and agree it is the responsibility of the parent and/or legal guardian to provide accident medical insurance for this child.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Contact Information: Doug Weimann

E-mail: [kasuun@yahoo.com](mailto:kasuun@yahoo.com)

The Anchorage School District does not endorse these materials or the view points expressed in them.