

Spartan Robotics Camp

Child Information

First Name Middle Initial Last Name

Child prefers to be called _____

Contact Information

Parent or Guardian

Prefix First Name Middle Initial Last Name

Primary email: _____

Primary phone: _____ home cell work other

Secondary phone: _____ home cell work other

Additional notes on how to contact you in case of an emergency:

Local Address

Second Contact

The next person who will be contacted if the above person is not available in an emergency.

Prefix First Name Middle Initial Last Name

Relationship to child: _____

Primary phone: _____ home cell work other

May this person authorize medical treatment for your child: Yes No

Additional notes on how to contact them in case of an emergency:

Allergies

Please include food allergies such as nuts, drug allergies, poison ivy, insect stings, penicillin, hay fever, or any other allergies

Any allergies? Yes No

If yes, describe the allergy(s) and the appropriate actions by camp staff:

Medical Conditions

Please include asthma, diabetes, heart defect or disease, convulsions, bleeding or clotting disorders, activities encouraged or limited by child's physician, or any other condition.

Any medical conditions? Yes No

Describe the medical condition(s) and the appropriate actions by camp staff:

Medications

Does any medication need to be administered during the program? Note: if the child normally takes medication during the school year, our camp requires continuing the medication schedule during camp.

Any medications? Yes No

Describe the medication schedule and procedure:

Safety Policy

Spartan Robotics Camp Place does not take responsibility for any injury sustained during this program. The types of activities conducted during the camp include working with moving parts, electrical components, and tools, which can conceivably cause some level of injury. Basic safety precautions will be followed at all times. This health history is correct to the best of my knowledge, and my child has permission to engage in all scheduled activities as noted.

Signature of Parent/Guardian

Date

Acceptable Behavior Policy

Spartan Robotics Camp has an acceptable behavior policy, which states that your child will behave in an acceptable manner, use acceptable language, and use the Internet in an acceptable manner. Behavior or language that disrupts the program for staff or other children is unacceptable. Unacceptable use of the Internet includes retrieval of explicit material or searching areas that are considered off-limits. Any child violating this policy will be given one verbal warning, the parent/guardian will be called, and then the child will be discharged from the program if a third violation occurs. No refunds will be given in this instance.

Signature of Parent/Guardian

Date

Media Policy

Team 2429 has many exciting and ever-changing forms of providing information to the public about our programs. Since it is difficult to know who may or may not be videotaped or photographed by our staff, visiting media or news organizations, it is necessary to have a signed release from all participants on file. Please provide the information to complete this form. I understand my child may be photographed or interviewed during his/her participation this camp, and that my child's image might subsequently appear in print promotional material or on the Team 2429 web site or our camp or school's website. I understand the release given herein, is made without compensation, and that no compensation is required or anticipated. I give Team 2429 permission to use my child's likeness in material promoting Team 2429.

Signature of Parent/Guardian

Date