



**ROCKETRY SUMMER CAMP
HOSTED BY TITAN ROBOTICS
August 6-10, 2018**



Student's Name: _____ **Grade Level:** _____

Elementary School Attended: _____

Parent/Guardian #1 Name: _____

Work Phone: _____ **Cell Phone:** _____ **Email:** _____

Parent/Guardian #2 Name: _____

Work Phone: _____ **Cell Phone:** _____ **Email:** _____

Emergency Contact Name (non parent): _____

Work Phone: _____ **Cell Phone:** _____

Medical Information

Prescription Medication: Yes ☐ No ☐

Vision Impairment: Yes ☐ No ☐

Diabetes: Yes ☐ No ☐

Allergies: Yes ☐ No ☐

Inhaler: Yes ☐ No ☐

EpiPen: Yes ☐ No ☐

Seizures: Yes ☐ No ☐

If yes to any of the above, please explain here: _____

Other current health issues we should know about: _____

Student's Insurance Information:

Check here if no insurance: ☐

Policy Holder Name: _____ **Policy Number:** _____

Phone Number: _____

Please read and sign below:

In an emergency, when I cannot be reached, the camp has my permission to have my child transported to the nearest hospital emergency room. Furthermore, I authorize the hospital and its staff to provide treatment which is deemed necessary for the well-being of my child (This form will be readily accessible to the counselors and will be sent to the hospital with the student if an emergency arises). Furthermore, I acknowledge that Titan Robotics is not liable for any injuries experienced by my child.

Parent/Guardian Name (Print): _____

Signature (electronic okay): _____ **Date:** _____

I give permission for Titan Robotics to take pictures/videos of my child for use in promotional materials.

Yes ☐ No ☐ Signature (electronic okay): _____