



# TITAN ROBOTICS: GET ROBOTICS-READY 2019



July 29 - August 2 | 1 PM - 4 PM | Grades 6 - 12

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: ☐

Insurance Company: \_\_\_\_\_ 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): \_\_\_\_\_