



TITAN ROBOTICS SUMMER CAMP 2019



Camp(s): ☐ Physics FUNdamentals ☐ FTC Workshop ☐ LEGO Mindstorms ☐ Rocketry
☐ Intro to Java ☐ Intro to Product and Web Design

Student's Name: _____ Grade Level: _____

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): _____