CHS TechHOUNDS Robotics Team Registration Form

DUE: THURSDAY, SEPTEMBER 22, 2011

2011-2012

STUDENT INFORMATION		
First Name:	Last Name:	Grade: ☐ 9 ☐ 10 ☐ 11 ☐ 12
Locker #:	GPA:	Cell Phone Number:
Approximate Locker Location (ex. 2 nd Floor E Hal	lway)	
	E-mail Address:	
Primary Residence: ☐ Father ☐ Mother ☐ Both	This will be my \square	$1^{st} \square 2^{nd} \square 3^{rd} \square 4^{th}$ year on the team.
(Circle) In what division(s) are you interested in	working? PR Cons	truction Robot Ops. Programming Website Animation
(Circle) To which competition(s) are you interest	ed in traveling? Pu	rdue Regional 2 nd Regional St. Louis Championships
If you are a <i>returning member</i> , please type a star year and what you plan to contribute this year.	ndard one page, dou	ble-spaced paper on what you contributed to the team last
If you are a new member , please type a standard in other words, what skills you can bring to the te		paced paper on what you can contribute as a new member; ML, Java, Metalworking, etc.).
PARENT INFORMATION – Father		
First Name:	Last Nam	ne:
Address:	City:	ZIP:
E-mail Address:		Check if you would like to receive periodic e-mail updates also received by students.
Home Phone Number:	Cell	Phone Number:
Employment:	Wo	k Phone Number:
☐ I am interested in becoming/continuing	to be a mentor for	the 2011-2012 season.
PARENT INFORMATION – Mother		nas
First Name:	Last Nam	e:
Address:	City:	ZIP:
E-mail Address:		Check if you would like to receive periodic e-mail updates also received by students.
Home Phone Number:	Cell	Phone Number:
Employment:	Wo	rk Phone Number:
☐ I am interested in becoming/continuing	to be a mentor for	the 2011-2012 season.
SIGNATURES Ensure all information above and on the med	dical release form	is complete and accurate.
Student:		Date:
Parent:		Date: