



TITAN ROBOTICS SUMMER CAMP 2019



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

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): _____