



The Robot Factory

Mail this form with payment to:

The Robot Factory
141 West 4th Street
Chuluota, Florida 32766

Student Information

_____	_____	_____
Student First Name	Student Last Name	Gender
_____	_____	_____
Entering School (August 2016)	Entering Grade (August 2016)	Birth Date

Parent Information

_____	_____	_____
First and Last Name of 1st Guardian	Cell Phone	Work Phone
_____	_____	_____
First and Last Name of 2nd Guardian	Cell Phone	Work Phone

Email Address (please print clearly - camp confirmation and info are provided via email)		
_____	_____	_____
2nd Email Address	Home Phone	
_____	_____	_____
Home Address	City	Zip

Emergency Contact Information

_____	_____	_____
Emergency Contact	Phone # 1	Phone # 2

Allergies, Medical Conditions and other pertinent information		

Camp Dates

Please indicate which week(s) your child will be attending.

May 30 - June 3 (LVL0) <input type="checkbox"/>	August 1 - August 5 (LVLX2) <input type="checkbox"/>	Confirm NAME of Course: _____ _____
June 6 - June 10 (LVL1) <input type="checkbox"/>	_____ <input type="checkbox"/>	
June 13 - June 17 (LVL2) <input type="checkbox"/>	_____ <input type="checkbox"/>	
June 20 - June 24 (LVL3) <input type="checkbox"/>	_____ <input type="checkbox"/>	
June 27 - July 1 (LVLX) <input type="checkbox"/>	_____ <input type="checkbox"/>	

Camp Fees

Early Registration \$175.00 before or on May 29

Late Registration \$190.00 after May 29

Did someone refer you to us?
If so, who?

Refund only available 2 weeks prior to start of class. Once class has started no refunds given.
There are no partial refunds for missed days of class.

I, the undersigned parent/guardian, give permission for my child to participate in all areas of the Robotics Camp at The Robot Factory. I hereby waive any claims or causes of action, which I may now or hereafter have against The Robot Factory arising out of my child's participation, and I will indemnify and hold harmless against any and all claims resulting from such participation. In the event my child should sustain injuries or illness while involved in a Robotics Camp activity, I hereby authorize such aid or other treatment as may be necessary under the circumstances, to include treatment by a physician or hospital. If my child disrespects Factory rules, The Robot Factory reserves the right to discontinue my child's participation without reimbursement for the remaining days at camp.

First and Last Name of Student

First and Last Name of Guardian Guardian Signature Date

I, the undersigned parent/guardian, grant The Robot Factory permission to photograph and/or videotape my child during the Robotics Camp. I also grant The Robot Factory the right to use these photographs and video of my child for educational and promotional purposes (e.g. website). I understand that my child's name will not appear with such photographs or video.

First and Last Name of Student

First and Last Name of Guardian Guardian Signature Date

Office Use Only

Amount Paid _____ Check # _____ Received _____

Register Early - Space is Limited
www.TheRobotFactory.org