

Radical Robots and the Art of Invention Summer Camp Registration Form

Parent/Guardian Information:

Name: _____

Email: _____

Phone (work) _____ (cell) _____ (home) _____

Address: _____

City _____ State _____ Zip _____

Children Attending (\$105 per child) Ages 8-11 Only Please

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

Name: _____ Age _____

• By signing this document I understand:

If I/my child require(s) emergency medical treatment while under the jurisdiction of Red Alert Robotics, and neither I nor the emergency contact individual may be reached, I authorize Red Alert Robotics to contact emergency medical services and to perform treatment as deemed necessary.

I/my child may be photographed /videographed for use by Red Alert Robotics for Red Alert Robotics publications/website, or for use by all forms of media.

The signing of this form implies agreement to, and the observance of, the Rules and Regulations of Red Alert Robotics, and the payment of all fees associated with the course(s), lessons, instruction, sessions as listed above.

****Red Alert Robotics reserves the right to change any rule, regulation, policy, class, schedule, or instructor without notice****

Parent Signature: _____ Date: _____

If Paying by check, please mail it with this form to: Red Alert Robotics Camp Registration
704 S. SR 135, Ste D, Box 236 Greenwood, IN 46143
Email: msnodgrass@redalert1741.org with any questions