



LEGO Robotics Camp June 5-9, 2017

Fernbank LINKS Robotics Camp 2017 Enrollment Form (page 1 of 2)

Date ____/____/____

____Applying for ½ tuition Scholarship (Family must qualify for free or reduced lunch at his/her home school).

I. Camper Data

Camper's Name: _____
(Last) (First) (Middle Initial)

Address: _____
(Number & Street) (Apt. #)

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Age: _____ Gender: ___ Female ___ Male

Camper's Date of Birth: ____/____/____

Ethnicity: ___ African American ___ Hispanic ___ Native American ___ Caucasian
___ Asian ___ Pacific Islander ___ Other (Specify) _____

II. Auxiliary Data

Grade (next year): _____ School District: _____ School Name: _____

Has the camper participated on a FIRST LEGO League Robotics team previously? No Yes

III. Special Conditions: Please list

1. any known health problems (such as allergies, diabetes, heart trouble, epilepsy or asthma, etc...)

2. any invisible disabilities, such as dyslexia, or any special learning needs

3. any physical activity restrictions

4. any food restrictions

5. any religious restrictions impacting emergencies or health care situations

6. any other special accommodations needed

7. any medications which must be administered

IV. In Case of Emergency (please choose **one** and sign)

____Consent is **granted** to the staff of Fernbank Science Center to provide medical services through the appropriate medical facilities and/or medical services to (Student Name): _____, throughout my child's participation in the Robotics Camp.

(Signature of Parent or Guardian)

(Date)

Fernbank LINKS Robotics Camp Program Enrollment Form (page 2 of 2)

OR Consent is not granted to the staff of Fernbank Science Center to provide medical services through the appropriate medical facilities and/or medical services to (Student Name): _____, throughout my child's participation in the Robotics Camp.

(Signature of Parent or Guardian) (Date)

Emergency contact (other than parent): _____ (Last) (First) (Relationship to Student)
Home Telephone: _____ Daytime or Cell Phone: _____

V. Parent/Guardian Information:

Parent/Guardian Name(s): _____
(Last) (First) (Middle Initial)

Daytime Phone: _____ E-mail: _____

Cellular Phone: _____ (Mom, Dad)

I, _____ (Parent/Guardian) do hereby release and discharge Fernbank LINKS, Fernbank Science Center, the DeKalb County School System, its board members, administrators and agents from any and all claims, present and future, known and unknown, due to, or arising from, in any manner of my daughter's/son's participation in the program and/or related activities sponsored by the Robotics Camp. I have read, or someone from Fernbank Science Center has read and explained the information contained on this form to me. I willingly agree, and give my consent to let Fernbank Science Center enter data about my child and me into its computer information system. I also give my permission for my child to be photographed, and allow Fernbank Science Center and Fernbank LINKS to release any and all pictures for publicity purposes.

Parent/Guardian: _____
(Please Print) (Signature) (Date)

Camper T-shirt size: ___ Youth M ___ Youth L ___ Adult M ___ Adult L

VI. Payment and application process:

Applications must be received by May 16, 2016, including payment of \$300 per camper.

Make check payable to Fernbank LINKS and write name of camper on check.

Credit cards are acceptable (Visa/MC/AMX, no debit cards). Credit card information must be on a separate sheet: include name of camper, name on card, card number, card expiration date, and card billing zip code.

Applications may be faxed, with credit card information on a separate sheet, to 678-874-7110.

LINKS LEGO Robotics Camp
Fernbank Science Center
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Atlanta, GA 30307-1398

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