



# FERNBANK LINKS ROBOTICS CAMP 2018 ENROLLMENT FORM

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Week of Camp (pick one):  June 4-8  June 11-15

Applying for 1/2 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)

