

POLSD SUMMER PROGRAM

Robotics Camp for grades 5 - 9

Student Name: _____ Today's Date _____

Fall 2021 Grade: _____ Parent/Guardian Name: _____

HOME PHONE: _____

Phone #1 _____ Who's Phone Number is this? _____

Phone #2 _____ Who's Phone Number is this? _____

Emergency Contacts if Parent/Guardian are Not Available:

1. _____ Phone: _____ Release to? Y / N

2. _____ Phone: _____ Release to? Y / N

3. _____ Phone: _____ Release to? Y / N

4. _____ Phone: _____ Release to? Y / N

Home Mailing Address _____ City _____

Residence (Physical) Address _____ City _____

E-MAIL address: (Print Clearly): _____

Session Preferred: _____ **Session 1 (June 28 – July 16)** _____ **Session 2 (July 19 – August 6)**

(Each session has a limit of 18. The sessions are first come, first serve.)

If you are unable to get into the preferred session, would you like to be considered for the other session?

___ Yes ___ No

****Because space is limited, it is expected that students attend all days of the session they are signed up for, unless prior notice is given to program staff. If student misses more than 2 days, they will be dropped from the program. If students miss the first 2 days of the session, they will automatically be dropped from the program and the next student on the waitlist will be given the spot.****

I understand the attendance requirements for the Robotics camp and understand that if my student will be absent, it is my responsibility to contact program staff or risk that my student will be dropped from the session.

Parent Name: _____ Parent Signature: _____ Date: _____

Thank you for completing this application. Registrations are accepted on a first come, first served basis, based on the date that applications are received in the Driftwood or Pacific office. If you have questions please call (541) 332 – 2712 or (541) 348 - 2455

This application for the Robotics Camp does not guarantee enrollment in the program. You will be notified to confirm registration and session.

Application continues on back side →

Office Staff only: Date received: _____ Time Received: _____

POLSD SUMMER PROGRAM

Robotics Camp for grades 5 - 9

MEDICAL:

Health or allergy problems of student: _____

Does student have medical Insurance? () Yes () No Insurance Company _____

<i>circle one</i>	
Yes No	In case of accident or serious illness when, in the opinion of school authorities or program staff, my child should have the immediate attention of a doctor, I authorize the school or program staff to transport my child to the nearest medical facility.
Yes No	I give my permission for emergency room personnel to treat my child
Yes No	POLSD have permission for my child's photograph to appear in a newspaper, school yearbook, video, film, slide, grant application, grant report, or program fundraising materials or on the web.
Yes No	I release and hold harmless POLSD and its staff from any liability that may arise out of my child's participation in the Robotics Camp while at Driftwood Elementary School.
<hr/>	
Parent or Guardian Signature	Date