



Teen Robotics Camp Registration Form

Name: _____

Grade Level in August 2019 (*6th Grade Minimum*): _____

Parent/Guardian Name: _____

Telephone number: _____

E-mail Address: _____

You will receive confirmation of your acceptance in the program via email

Agreement

I understand that in fairness to the other students on my team I need to attend all the sessions.

Student's signature

Camp Dates for 2019
All sessions will meet from 2 pm until 4pm
on the following Mondays

June 10, 17, 24

And July 1,8

I plan for my student to attend all sessions of the Robotics Camp. I also give my permission for the library to take and use photographs of my child for promotional purposes on the library's website and social media accounts.

Parent's signature