

# 201 Summer VEX Camp Registration

Student Name \_\_\_\_\_ Parent Name \_\_\_\_\_

Street Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Parent Cell \_\_\_\_\_

Parent Email \_\_\_\_\_

Fall Grade Level \_\_\_\_\_ T-Shirt Size \_\_\_\_\_ Date \_\_\_\_\_

Please Check Which Session Your Child Will Be Attending

Morning (8 am - 12 pm)       Afternoon (1 pm - 5 pm)

In Case of an Emergency Contact:

Name \_\_\_\_\_ Emergency Number \_\_\_\_\_

**FIRST ROBOTICS TEAM**

Medical and Allergy Information:

\_\_\_\_\_  
Additional Comments and Information:  
\_\_\_\_\_

Financial Assistance is Available

Check Box if Eligible for Free/Reduced Lunches  
**Ravens Revolution**  
OLATHE NORTHWEST H.S.      OLATHE, KANSAS

Mail Registration To:

**Attn: Darren Worcester, FIRST Robotics, Olathe Northwest High School**

**21300 College Blvd., Olathe KS, 66061**

**Make Checks Payable to Olathe Northwest High School (in Memo: FIRST Robotics)**

WAIVER STATEMENT: "The undersigned states that He/She understands that the Summer Camps at Olathe Northwest High School are not and shall not be responsible for or liable for any illness, or injury to person or damage to property resulting from participating in said program, and the participant and the undersigned, if the participant is a minor or under legal disability, hereby forever release and holds harmless the said Summer Camps, its employees, agents and representatives from any and all claims of any kind that the participant, or the undersigned or their respective heirs, executors, administrators, or assigns may have or claim to have resulting from participating in said program."

Signature of person registering participant \_\_\_\_\_ Date \_\_\_\_\_

P.S. There are 32 available slots in the morning and 32 in the afternoon, and will be filled on a first come, first serve basis