



# Mathobotix

Linking Robotics To Grade Level Academic Success and Workplace

## Mathobotix Camp Registration Form

**Camp Info:** Session #: \_\_\_\_\_ Dates: \_\_\_\_\_ [ ] All-Day Camp [ ] Half-Day Camp  
Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Fee: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Name of School: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

Preferred Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Home/Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Health Concerns: [ ] None [ ] Health concerns are: \_\_\_\_\_

My child has **special needs**: [ ] YES [ ] NO If YES is marked. Please explain \_\_\_\_\_

**Select appropriate Box:**

[ ] My child will be dropped off by: \_\_\_\_\_ picked up by: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**PAYMENT OPTIONS: Fax/eMail/USMail completed Registration form to Mathobotix. See Mathobotix address below.**

[ ] Check \*\*\*Make checks payable to **Mathobotix\*\*\* (3% processing fee applied to Credit Card transactions.)**

**Fee Non-Refundable. No prorating for missed days. \$25 fee for returned checks.**

[ ] Credit Card [ ] Visa [ ] MasterCard Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_

Name as it Appears on the Card: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing Address: Street: _____ City: _____ State: _____ ZIP Code: _____
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Mailing Address: Street: _____ City: _____ State: _____ ZIP Code: _____
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**Liability and Hold Harmless Agreement**

In the event of an accident, illness, or injury, and the person listed above cannot be reached; I hereby give the Mathobotix personnel permission to take action as deemed necessary in the best interest of my child. Furthermore, I do not hold Mathobotix, its sponsoring agencies, and/or its staff or representatives responsible for injuries to my child, which could occur due to the nature of the activity in which my child is engaged. I also understand that the Mathobotix staff reserves the right to terminate the participation of any student when it is deemed in the best interest of either the student or the summer camp programs.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**TALENT RELEASE:** I hereby consent to the release of my minor child, (name) \_\_\_\_\_ the off and/or on camera performance and/or likeness and name to be used by Mathobotix for educational, research, advertising and marketing purposes and I acknowledge that I will be entitled to no compensation for said work.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

**For Office Use Only:** [ ] QB [ ] Spread Sheet [ ] Payment Check # [ ] Notes: \_\_\_\_\_