

Dover Shockwave Robotics Application

FRC Team 4546

Student Information	
Full Name:	Grade in 2016-2017:
Street Address:	City:
	Gender: Male Female
Home Phone:	Cell Phone:
Email:	
Any other contact information:	

Parent / Guardian Information	
Name:	Name:
Email:	Email:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:

Please tell us about yourself (interests, hobbies, experience, etc):

Discuss some of the skills that you could bring to the team, what you hope to learn from the team and how you plan to contribute to the overall success of the team:

Please let us know what other after school activities you have during the year (sports, clubs, etc):

Other information that would be beneficial to us:

Dover Shockwave Robotics Emergency Contact Form

Student Name:	Date:
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Primary Contact:
Relationship to Student:
Address:
Cell Phone:
Home Phone:
Work Phone:
Email:

Secondary Contact:
Relationship to Student:
Address:
Cell Phone:
Home Phone:
Work Phone:
Email:

Dover Shockwave Robotics Emergency Contact Form Continued

Allergies:	
Current Medications:	
Medical Conditions:	
Medical Insurance Company:	
Policy Holder:	Policy Number:
Primary Physician:	Phone:
Student's Dentist:	Phone:

Consent for Medical Treatment

I, the parent/legal guardian of above student, do hereby release, discharge and/or otherwise indemnify the Dover Shockwave Robotics Team and its mentors, students, and volunteers, and the Dover School District, against any claim by or on behalf of the student as a result of the student's participation on the team and/or being transported to or from the same, which transportation I hereby authorize.

Parent/Guardian Agreement As the parent/legal guardian of above student participating on the Dover Shockwave Robotics Team, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Parent / Guardian (Please Print):	
Parent Signature:	Date:

Dover Shockwave Robotics Parent Consent

I/We, the undersigned parent(s) or guardian(s) of _____, understand that he/she wants to participate in and become a member of FIRST Robotics Team 4546, Shockwave Robotics. I/We understand that costs are involved and the time commitment required to be a member of the team are extensive. I/We also recognize that by its very nature, and its involvement with the use of tools, competitive Robotics may put students in situations in which serious and perhaps fatal accidents may occur. I/We further realize that no amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Acknowledging that such costs, commitments, and risks exist, I/we grant permission for our child to participate in robotics and robotics competitions as a member of FIRST Robotics Team 4546, Shockwave Robotics.

Parent / Guardian Signature:	Date:
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Student Consent

I understand by its very nature, competitive Robotics (including the use of tools) may put me in a situation in which serious or perhaps fatal accidents may occur. I agree to adhere to the instruction I receive from my adult mentors and teachers regarding the proper techniques to be used in robot construction and competition, and in the proper utilization of all equipment worn or used in lab work, construction, and at competition. I further agree that I will refrain from improper uses and techniques. Acknowledging such conditions and risks, I choose to participate in Robotics with FIRST Robotics Team 4546, Shockwave Robotics.

Student Signature:	Date:
Student Name (Printed):	

Media Release

I, _____, parent of _____ understand that my child may be photographed, videotaped, etc. during practices, meetings and competitions for publicity and Social Media including the team's website and in other printed and electronic materials.

Student Signature:	Date:
Student Name (Printed):	