



REGISTRATION FORM

Technology Campus

The Institute for Advanced Manufacturing - 3700 W. Military Highway, McAllen, TX 78503

Office: 956-872-6197 Fax: 956-872-6198

Child's Information:

<u>Student A#: Office Only</u>		<u>First Name</u>	<u>Middle Initial</u>	<u>Last Name</u>	<u>Age</u>
A					
<u>Date of Birth</u> MM/DD/YEAR	<u>Child's School Name</u>			<u>Grade Level</u>	<u>Circle T-Shirt Size</u> Youth or Adult: S/M/L/XL

Parents/Guardian Information:

<u>First Name</u>	<u>Middle Initial</u>	<u>Last Name</u>	<u>Primary & Emergency Contact Phone</u>
<u>Mailing Address</u>	<u>Apt #</u>	<u>City</u>	<u>Zip Code</u>

<u>Course Name</u>	<u>Subject/Number</u>	<u>Section</u>	<u>Cost</u>	<u>Course Ref #</u>
Robotics & Automation Summer Camp 2017			\$175	

METHOD OF PAYMENT: Make Check payable to South Texas College STC Faculty/Staff A#: _____ (required)

Credit Card Cash Check # _____

Robotics & Automation Summer Camp 2017

Choose a week below for specific camp:

Camp A: EV3 LEGO (Age 8-12yrs) 8am-12pm	Camp B: FESTO (Age 13/17yrs) 8am-12pm	Camp C: First Tech Challenge (Age 10-17yrs) 1pm-5pm
<input type="checkbox"/> Week 1: June 5—June 9	<input type="checkbox"/> Week 1: June 5—June 9	<input type="checkbox"/> Week 1: N/A
<input type="checkbox"/> Week 2: June 12—June 16	<input type="checkbox"/> Week 2: June 12—June 16	<input type="checkbox"/> Week 2: June 12—June 16
<input type="checkbox"/> Week 3: June 19—June 23	<input type="checkbox"/> Week 3: June 19—June 23	<input type="checkbox"/> Week 3: June 19—June 23
<input type="checkbox"/> Week 4: June 26—June 30	<input type="checkbox"/> Week 4: June 26—June 30	<input type="checkbox"/> Week 4: June 26—June 30
<input type="checkbox"/> Week 5: July 3—July 7 (*8am-1pm)	<input type="checkbox"/> Week 5: July 3—July 7 (*8am-1pm)	<input type="checkbox"/> Week 5: July 3—July 7 (*2pm-6pm)
<input type="checkbox"/> Week 6: July 10—July 14	<input type="checkbox"/> Week 6: July 10—July 14	<input type="checkbox"/> Week 6: July 10—July 14
<input type="checkbox"/> Week 7: July 17—July 21	<input type="checkbox"/> Week 7: July 17—July 21	<input type="checkbox"/> Week 7: July 17—July 21
<input type="checkbox"/> Week 8: July 24—July 28	<input type="checkbox"/> Week 8: July 24—July 28	<input type="checkbox"/> Week 8: July 24—July 28

Allergy History
 Does your child have any known allergies?: Yes _____ No _____
 If yes, please specify below : _____

By my signature below, I certify the information I provided on and in connection with this form is true, accurate, and complete.

Signature: _____ Date: _____

Received by: _____ (Office Only)

See reverse side for Waiver Form

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that there are no health-related reasons or problems which preclude my participation in this activity. I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: South Texas College and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that South Texas College and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature
(Please print legibly.)

Date

Participant's Name

Age

Parent/Guardian Signature

Date

(If under 18 years old, Parent or Guardian must also sign.)