

Robotics Camp 2008 Registration Form

Camper's Name

Grade in 2008-09 Date(s) Attending

Parent's Name

Address

City, State, ZIP

Home Phone

Work Phone

Emergency Contact Name/Relationship

Emergency Contact Phone

Please make check payable to:

Bolles Robotics Camp

and return to:

7400 San Jose Boulevard
Jacksonville, Florida 32217

WE CANNOT ACCEPT DEBIT OR CREDIT CARDS.

Release for Medical Treatment & Waiver of Liability

Application WILL NOT be complete until this signed form is returned. I certify that my child is in good physical condition and can partake in the daily schedule of events. I grant permission for the directors of *Bolles Robotics Camp* to act for me according to their best judgment in any emergency requiring medical attention, including treatment at a local hospital. The undersigned hereby acknowledges that participation in the camp and related activities involves an inherent risk of physical injury, and the undersigned, on behalf of the registrant, hereby releases and forever discharges the camp and all employees and agents thereof from any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from the registrant's participation in or involvement with this camp, including any failure of equipment or defect in the premises. I also grant The Bolles School permission to use my child's photograph in any promotional literature or on the School web site.

Signature of Parent or Guardian

Date

Hospital Preference