BRIDGING THE GAP: ROBOTICS EDUCATION FOR ALL

UWA ROBOTICS CLUB

STUDENT'S INFORMATION

Name :

School Name :

Date Of Birth :

Home Address :

EMERGENCY CONTACTS

Emergency Contact #1 Name :

Relationship :   **Phone Number** :

Home Address :

Emergency Contact #2 Name :

Relationship :   **Phone Number** :

Home Address :

Comments :   :

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PARENTAL CONSENT

Parent / Legal Guardian Name :

Phone Number of Parent / Legal Guardian :

Home Address of Parent / Legal Guardian :

"I confirm that I am the parent / legal guardian and I hereby consent to the above child participating in the "Bridging the Gap: Robotics Education for All" outreach program. I confirm that all the details are correct and I am able to give parental consent for my child to participate in all the activities in this outreach program."

YES / NO :

Signature of Parent / Legal Guardian :

Date and Time :