Iowa City Robotics Contact Info, Health Form, and Parent Release

This form should be filled out by a parent or legal guardian of a specified student. Please print legibly. This form has a front and a back.

As your son/daughter participates in the _____ season of First® Robotics, we want to ensure their health and safety. In the event of an accident either at the Iowa City Robotics workspace or at an out-of-town robotics activity, we request an emergency treatment release so we can seek medical assistance if the parents are in absentia. This form must be completed, signed, and returned along with the liability and media release. This form will only be in effect for one robotics season.

Student's Name:

Date of Birth: Age: Grade:

Student's Email Address:

Student Cell Phone:

Address:

City: State: Zip Code:

Parent/Guardian's Name #1:

Cell Phone:

Email Address:

Parent/Guardian #1 Place of Work:

Phone:

Parent/Guardian's Name #2:

Cell Phone #2:

Parent/Guardian #2 Place of Work:

Phone:

Person(s) to be notified other than parent or guardian in an emergency: *(Please don't leave this blank! In case of an emergency, we need to know who to contact if we are unable to reach you.)*

Name/Phone:

Relationship:

Health Insurance Provider:

Insurance Number:

Is the student required to take any prescription medicine on a regular basis? Yes/ No If yes, please explain:

Does the student have any medical conditions of which we should be aware? Yes/ No If yes, please explain:

Is the student allergic to any medications, food, bee stings, etc.? Yes/ No If yes, please explain:

I hereby give my consent to have the above applicant obtain medical attention in case of sudden illness or injury while participating in the above activity.

Signature:

Date:

Liability Release and Parental Consent

In consideration of participation in Iowa City Robotics, I hereby waive, release, and discharge all claims for damages for personal injury or property damages which may hereafter occur to my child as a result of participation in said event. This release is intended to discharge in advance Iowa City Robotics, its mentors, members, and volunteers from liability, even though that liability may arise out of perceived negligence on the part of persons mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks.

Parent/Guardian Signature: Date:

Parent/Guardian Name (Printed):

Media Release

I hereby authorize Iowa City Robotics to publish the photographs and videos taken of my child, and their name, for use in the Iowa City Robotics website and social media. I release Iowa City Robotics from any expectation of confidentiality for the undersigned child and myself. I attest that I am the parent or legal guardian of the child listed below and that I have the authority to authorize Iowa City Robotics to use their photograph and name. I acknowledge that since participation in publications and websites produced by Iowa City Robotics is voluntary, neither the child nor I will receive financial compensation. I further agree that participation in any publication and website produced by Iowa City Robotics confers no rights of ownership whatsoever. I release Iowa City Robotics, its members and its volunteers from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned child.

Parent/Guardian Signature: Date:

Parent/Guardian Name (Printed):

Child's Name: