

FLL **FIRST® LEGO® League**
Ages: 9 to 14 (grades 4-8)

excitement
teamwork
friendship



JOIN US!
and discover the **FLL** experience.

CALVERT ROBOTICS CLUB
MONDAYS, 3 – 5 PM

September 14 – February 29

Complete the registration form on the back and return it to Calvert Recreation Center by Wed., Sept. 2. Space is limited!

WWW.USFIRST.ORG | WWW.FIRSTLEGOLEAGUE.ORG



Student Name _____

Age _____

Grade _____

Please mark which club(s) you are registering for.

FLL Robotics Club

How will your child leave at 4:00 pm, after their club ends? (please check one)

Rec Center (ASR)

Parent Pick-Up

Student Sign-Out

Legal Guardian Information:

First and Last Name: _____

Home Address _____

Mailing Address _____

Home Phone (_____) _____ - _____

Work Phone (_____) _____ - _____

Cell Phone (_____) _____ - _____

E-mail _____

Please list any other adults that have permission to pick up your child:

First and Last Name: _____

Contact Phone Number (_____) _____ - _____

First and Last Name: _____

Contact Phone Number (_____) _____ - _____

Permission Information (please mark your response)

YES NO I give staff permission to transport my child for the purpose of program activities.

YES NO I give my permission for staff to share and receive necessary information from all CLC Strategy partners to assist with providing the best program experience for my child.

YES NO I give permission for the CLC lead agency to arrange for emergency treatment and to contact our family health care provider if guardian is unable to be reached and it is necessary to preserve the health of my child(ren) until such time that I/we can be present. I understand that no guarantees have been made to me as to the effect of such treatment on my child's condition. If necessary, the program will arrange for emergency transportation to the nearest emergency medical facility.

Child's Physician: _____ Phone(_____) _____ - _____

YES NO My child has a medical condition which the staff should be made aware of. If yes, please request a medical information form from the Calvert Rec Center. This form must be completed and returned to complete the registration form.

By signing below I give permission for my child to participate in program activities. I understand that the CLC does not carry health and accident insurance for my child/youth, and that I as guardian will be primarily responsible in case of injury where bills are incurred. As the parent/guardian, I will work as a partner with staff to ensure my child is successful in the program. I understand that my child may be dismissed for failure to follow rules, failure to follow general operating procedures of the program. The information I have listed is correct to the best of my knowledge and I will notify the program staff of any changes to the information in a timely manner.

SIGNATURE OF PARENT AND/OR GUARDIAN

_____/_____/_____
DATE