



BOTS FOR BOYS Registration

Please complete the following information and return with your child's essay to be enrolled in Bots for Boys, Oct 3,10,24,Nov 7,14,28, alt date Dec 5th (if program can't start on the 3rd) at ECCA

1. Student Name: _____
2. We understand that it is essential to attend every week of the program, and agree to be there every designated Mondays from 3:30-4:30pm: ☐ Yes
3. I have included on a separate sheet my essay about "An invention I would like to have or make." ☐ Yes
4. Mailing Address: _____
5. Physical Address: _____
6. Date of birth: _____
7. School Name: _____
8. Grade in school: _____
9. Please describe any allergies, physical disabilities, learning disabilities, and/or physical, mental, psychological challenges: _____

Parent/Guardian Information

10. Name: _____
11. Relationship: _____
12. Primary phone: _____ Cell phone: _____

13. E-mail address: _____

Emergency Contact Information:

14. Emergency Contact Name: _____

15. Emergency Contact Relationship: _____

16. Emergency Contact phone: _____

17. Please list those adults to whom your child may be released. We will only release your child to an individual listed:

18. How will your child get home from our program? _____

19. Physician name: _____

20. Physician phone: _____

Medical Emergency Policy

In the event that I cannot be reached in an emergency, I agree to accept any and all determinations of need for medical assistance and/or administration of medical attention deemed necessary by Bots for Boys representatives. I hereby give permission to the medical personnel selected by Bots for Boys representatives to secure any and all medical, hospitalization, dental, and/or surgical treatment. In the event that such medical attention is needed from a healthcare provider all costs shall be the responsibility of the parent or guardian.

☐ Yes, I agree

☐ No, I do not give my permission

Media Release

I hereby give Bots for Boys and EFEC permission to use film, videotape, and/or photographs of the above mentioned minor for lawful promotional and informational purposes.

☐ Yes, I agree

☐ No, I do not give my permission

Agreement to Waive Legal Rights

In consideration of being permitted to take part in the activity set forth herein, I expressly agree as follows: I hereby acknowledge the activity set forth herein could contain dangers and risks and may result in injury to the participant. I hereby assume all risks of personal injury or death and property damage from any causes whatsoever arising while my child or I are participating in such activity. I or my child am in good health and physically able to participate in said activity. I agree to waive and release the Education Foundation of Eagle County and their trustees, employees, agents, servants, volunteers, and all representatives and sponsors from any injury I or my child may sustain or by the use of equipment I may use at Gypsum Elementary.

☐ Yes, I agree

☐ No, I do not give my permission

Parent/Guardian Signature: _____

Payment method:

Check payable to EFEC and submitted with registration form.

Registration fee of \$80

\$ _____

I would like to sponsor a boy or boys # _____ x \$ 80

\$ _____

I would like to make an additional donation to EFEC to help
sponsor this and future Bots for Boys programs in the amount of

\$ _____

Total \$ _____

Via Credit Card: ☐ Visa ☐ Master Card ☐ American Express

Credit Card Number: _____ Expiration Date (MM/YY): _____

Card Zip Code: _____

- **Students should bring an after school snack.**

To complete registration, deliver this form, your essay, and method of payment to the front office by Sept 30th, 2016 (include your essay on a separate sheet).

Registrations will be time and date stamped as they are received. The first twelve boys who apply will be accepted.