

**FIRST Robotics Competition - Green Team 885 - Green Mountain Robotics Inc.
Student/Parent/Mentor Information Sheet**

Student's Name: _____

Address _____

Age: _____ Grade: _____ School Name: _____

Email: _____ to contact student

Cell Phone Number (optional) _____ (helpful for logistics at competitions)

ALL team correspondence will be sent electronically. Additional forms are required by the team. Your child can not attend work sessions until all forms are completed and \$30 paid.

Parent Name: _____ Parent Signature _____ date: _____

Parent/Guardian/Adult Mentor (cross out what does not apply)

Name(s): _____

Address (if different from student) _____

Phone Number (H) _____ (W) _____ (C) _____

E-Mail: _____ to contact parent/guardian/mentor

Parent listed above will be the emergency contact unless otherwise noted.

Alternate Emergency contact: _____

Phone: _____ relationship _____

Should you or your child be injured while with the team, the adult mentors have permission to seek medical care at your expense.

Name _____ Signature: _____ date _____

Insurance: _____ policy number: _____

\$30 Team fee is due with sign up or by January 13, 2017 (checks made to Green Mountain Robotics, Inc.).