Beach Cities Robotics Registration Form

(*Please print*)

Joining as: Student _____ Mentor _____ [Teacher _____   Administrator __ Sponsor _____] Volunteer _____

How did you hear about Beach Cities Robotics? _____ First Year with BCR _____

What area(s) interest you? Hardware _____   Software _____   Business/Marketing _____

Other _____

Member Name _____ Month/Day of Birth _____

School/Employer _____ Grade/Job Title _____

Address _____ City _____ Zip _____

Cell Phone _____ Home Phone _____

E-mail _____

Parent/Spouse Name(s) _____

Father Cell Phone _____ E-mail _____

Mother Cell Phone _____ E-mail _____

Spouse Cell Phone _____ E-mail _____

Medical Information

Medical Problem(s)/Allergies _____

Medications _____

Physician _____ Telephone _____

Emergency contact in event parent/spouse cannot be reached _____

Relationship _____ Telephone _____

AUTHORIZATION TO OBTAIN MEDICAL TREATMENT IN CASE OF ILLNESS OR INJURY

Parent/Mentor Signature _____ Date _____

For Office Use Only

Date _____ Paid Membership Fee   ☐ Yes   ☐ No   ☐ Cash   ☐ Check # _____

Returned: Registration Form _____   Release _____   Contract _____