

**CHARLOTTESVILLE ALBEMARLE ROBOTICS**  
**MEMBER REGISTRATION**

Student    Mentor    College Mentor

Name \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Age \_\_\_\_\_

Mother's Name \_\_\_\_\_

Email \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Cell \_\_\_\_\_

Father's Name \_\_\_\_\_

Email \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Cell \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

Science Teacher \_\_\_\_\_

Computer Teacher \_\_\_\_\_

Do you have any previous robot experience? \_\_\_\_\_

Do you want to go to the competition in Richmond? \_\_\_\_\_

What aspects are you interested in:

Build    Computer    Operations    Design

**Informed Consent Agreement:**

I understand that participation in Charlottesville Albemarle Robotics Team involves a certain degree of risk. I have carefully considered the risk involved and have given my son/daughter my consent to participate in all team functions for 2009-2010. In the event of illness or accident in the course of such activity, I request that measures be intituted without delay as the judgement of medical personnel dictates.

Both parents must give consent:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

As a Team Member I agree to comply with the Team policies and decisions:

\_\_\_\_\_  
Signature