

How did you hear about Mathobotix?.....

Student's Name: (First) _____ (Last) _____ Date of Birth: ____ / ____ / ____

Male Female Grade: _____ School Attending: _____

Parent/Guardian: (First) _____ (Last) _____

Address: Street: _____ City: _____ State: ____ ZIP Code: _____

Home Phone: (____) ____ - _____ Work Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Email: _____

Emergency Contact: (First) _____ (Last) _____ Relationship: _____

Preferred Phone: (____) ____ - _____ Work Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Health Concerns: None Health concerns are: _____

Special Needs: _____

PAYMENT OPTIONS: Fax completed Registration form 1-949-743-1618 or eMail admin@mathobotix.com

Class Fee \$ _____ Camp Fee \$ _____ Workshop Fee \$ _____ Other Fee \$ _____ Lab Fee \$ _____ Total: \$ _____

Fee must be paid for the entire course duration. No refunds, No-prorating for missed classes. No Exceptions!

Check *****Make checks payable to Mathobotix*** (3% processing fee applied to Credit Card transactions)**

Credit Card Visa MasterCard Card #: _____ - _____ - _____ Expiration Date: ____ / ____

Name as it Appears on the Card: _____ Signature: _____

	<input type="checkbox"/> Classes <input type="checkbox"/> Camps <input type="checkbox"/> Workshops <input type="checkbox"/> Projects	Date/Day	Time	Fee
<input type="radio"/>	Buildologie Educational Robotics Classes: <input type="checkbox"/> Buildologie - TotBot <input type="checkbox"/> Buildologie I: Elementary <input type="checkbox"/> Buildologie II: Junior High <input type="checkbox"/> Buildologie III: High School*†		_____ - _____	
<input type="radio"/>	<input type="checkbox"/> STEM Club Annual Membership* (Contract Required)		_____ - _____	
<input type="radio"/>	Camps: <input type="checkbox"/> Codologie: Comp Sci 2.0 Camp. Session #: _____ <input type="checkbox"/> Buildologie: Educational Robotics Camp. Session #: _____ <input type="checkbox"/> Elem <input type="checkbox"/> Junior High <input type="checkbox"/> High School		<input type="checkbox"/> All-Day (M - F) <input type="checkbox"/> Half-Day (M - F)	
<input type="radio"/>	Codologie Classes: <input type="checkbox"/> Codologie I: Scratch <input type="checkbox"/> Codologie II: Comp Sci 2.0 <input type="checkbox"/> Codologie III: OpenTech 2.0		_____ - _____	
<input type="radio"/>	Gamologie Classes: <input type="checkbox"/> Level: <input type="checkbox"/> Boy Scouts Merit Badge <input type="checkbox"/> Birthday Party <input type="checkbox"/> Other		_____ - _____	

Note: *Lab Fee: \$40 for classes only. † Classes require students writing project technical reports and their participation in Show & Tell.

LIABILITY AND HOLD HARMLESS AGREEMENT & TALENT RELEASE:

In the event of an accident, illness, or injury, and the person listed above cannot be reached; I hereby give the program personnel permission to take action as deemed necessary in the best interest of my child. Furthermore, I do not hold Mathobotix, its sponsoring agencies, and/or its staff or representatives responsible for injuries to my child, which could occur due to the nature of the activity in which my child is engaged. I also understand that the Mathobotix staff reserves the right to terminate the participation of any student when it is deemed in the best interest of either the student or the summer camp programs.

I hereby consent to the use of any off and/or on camera performance and/or likeness of my child, with or without name, to be used by Mathobotix for educational, research, advertising and marketing purposes without compensation for said use.

Signature of Parent/Guardian _____ Date: _____