

River City Robotics Summer Day Camp 2009

Registration: Print. Fill out. Make check out to VirginiaFIRST and mail with form to Darlene Pantaleo, 4422 Dianawood, Richmond, VA 23236.

Circle Choice(s): Session 1 Session 2 Amount Enclosed: \$ _____

Student's Information

Name: _____
Last Name First Name Middle Initial

Gender: Male or Female Date of Birth: ____ / ____ / ____ Age: _____

School '09-'10: _____

Grade '09-'10: _____ Dietary Restrictions: _____

Robotics Experience: _____

Medical Information

Doctor's Name: _____

Doctor's Phone: _____ Permission to treat? Yes or No

Hospital Preference: _____

Please list any psychological or medical concerns on the back, including current medications and/or food allergies. Thank you.

Parental Information

Address: _____
Street Address

City State Zip

Email: _____ Day Phone: _____

Parent/Guardian: _____ Cell Phone: _____

Parental Signature: _____ Date: ____ / ____ / ____