

**VISITATION SCHOOL  
PARENT/GUARDIAN CONSENT FORM AND INDEMNITY AGREEMENT  
FIRST ROBOTICS TEAM 2177: THE ROBOTTES**

Participant's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ (mm/dd/yy)      Grade: \_\_\_\_\_ (Fall 2019)

Parent/Guardian's Name/s: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell / Work / Other Phone: \_\_\_\_\_ (Name \_\_\_\_\_)

Cell / Work / Other Phone: \_\_\_\_\_ (Name \_\_\_\_\_)

Cell / Work / Other Phone: \_\_\_\_\_ (Name \_\_\_\_\_)

Cell / Work / Other Phone: \_\_\_\_\_ (Name \_\_\_\_\_)

Cell / Work / Other Phone: \_\_\_\_\_ (Name \_\_\_\_\_)

Cell / Work / Other Phone: \_\_\_\_\_ (Name \_\_\_\_\_)

**Cost: \$50 for 8-day Summer Camp**

**DUE: Monday, July 29, 2019 (or before)**

**Special instructions:**

The robotics team meets in the STEM center on the Visitation Campus. Students are responsible for transportation to and from the STEM center for all events.

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_, to participate on the Visitation FIRST Robotics Team for the summer of 2019. I am aware that any participation in FIRST Robotics Competition activities may present risks of personal injury and property loss or damage to participants. I warrant that my child is in good health. I am aware that the above activities may include transportation by coach, parent and/or student drivers, and faculty/staff, and that the above activities may expose my child to risks and dangers, including but not limited to, the hazards of travel by various means and conveyances. I acknowledge and agree that I remain legally responsible for any actions taken by my child in connection with the above activities.

I hereby voluntarily release Visitation School, and its officers, faculty, staff, trustees, and parents or other volunteers jointly and severally from all liabilities, claims, costs and expenses for personal injury or damage to property arising out of my child's participation in the above activities. I further understand that Visitation does not carry any accident or injury insurance on students.

I further agree to defend and indemnify Visitation School and its officers, faculty, staff and parents or other volunteers from all claims or lawsuits brought by reason of my child's actions or behavior in connection with the above event.

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**EMERGENCY MEDICAL TREATMENT:**

In the event of an emergency, I give Visitation School permission to administer first aid and over-the-counter medications to my child, and to transport or make arrangements for transporting my child to a hospital for emergency medical evaluation and treatment.

If I cannot be reached at the numbers from page 1, contact this person who is *over the age of 21*:

\_\_\_\_\_ (Name/s)  
\_\_\_\_\_ (Relationship)  
\_\_\_\_\_ (Phone Number/s)

**MEDICAL INFORMATION:**

Medication my child is taking at present: \_\_\_\_\_

Any medical or physical conditions we should know about? \_\_\_\_\_

Family Health Plan carrier number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone number: \_\_\_\_\_

Preferred Hospital (Non- Life Threatening situation): \_\_\_\_\_

As parent or guardian, I agree to all of the above statements, and I also agree to be financially responsible for any emergency medical treatment that might be administered to my child in connection with the above activity.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Student Signature)

\_\_\_\_\_  
(Date)

**PLEASE NOTIFY SYDNEY BENZ OF ANY MEDICAL OR EMERGENCY INFORMATION CHANGES THAT MAY OCCUR.**

There are THREE (3) items that need to be completed and submitted before students can participate in Summer Camp:

1. Online Registration at [https://www.visitation.net/cf\\_forms/view.cfm?formID=310](https://www.visitation.net/cf_forms/view.cfm?formID=310)
2. Permission Form/Medical Release
3. Payment (credit/debit card online or check made out to Visitation School)

\*\*\* Do not let financial constraints keep you from participating; contact our lead mentor Sydney Benz at [sbenz@vischool.org](mailto:sbenz@vischool.org) for confidential financial assistance.

Students **WILL NOT** be allowed to participate until all of these are turned into Sydney Benz, the lead mentor of the team. She is available for any questions via email at [sbenz@vischool.org](mailto:sbenz@vischool.org) or on her cell phone (651) 600-7513.