



# LEGO NXT ROBOTICS

Where: Explore Station  
867 Ramona Ave, Grover Beach

June 25—29, 2018

2:30pm—4:30 pm

Ages : 8-14

Cost: \$75

Pre-Registration Required

Call (805) 473-1421 for more information

**Build a Robot !**  
**Assemble NXT Robots**  
**and**  
**learn how to program the**  
**robots using a computer**

## Registration Form

Please submit:

**In person:** Wed—Sat 1pm-4pm at the Exploration Station, 867 Ramona Ave., Grover Beach, CA 93433

**By mail to:** Exploration Station, P.O. Box 1117, Grover Beach, CA 93483

**By Fax:** 805-473-3486      **Phone:** 805-473-1421

**Participant Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Parent/Guardian** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

Class Title	Date (s)	Fee
LEGO NXT ROBOTICS	June 25—29, 2018	\$75.00
No refund for cancellation within 24 hours of start of any program. Pre-registration is recommended to assure space is available.	<b>SUBTOTAL</b>	
	<b>Scholarship</b>	
	<b>Other</b>	
	<b>TOTAL</b>	
<b>INTERNAL USE ONLY</b> <b>PAID BY CHECK #</b> _____ <b>PAID BY CASH</b> _____ <b>AMOUNT PAID \$</b> _____		



## POLICY AND CONSENT FORM

### Consent to Participate

My child \_\_\_\_\_, age \_\_\_\_\_ has my consent to participate in the \_\_\_\_\_ LEGO NXT Robotics 2018 \_\_\_\_\_ class at the Exploration Station.

\_\_\_\_\_  
Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

### Consent to Treat

Authorization for Treatment: I/We, the undersigned parent of \_\_\_\_\_ a minor, do hereby authorize the Exploration Station, its agent branches, employees and volunteers and agents for the undersigned to consent to any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under general or specific supervision of any physician, dentist, surgeon and licensed hospital, whether such diagnosis or treatment rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment deemed advisable.

It is our policy not to administer any substances other than standard "over-the-counter" medications and/or prescription drugs if supplied by parent. We will not issue any product that is not in its original container, clearly marked by the manufacturer or pharmacy, and only as prescribed by physician.

### Release and Waiver

This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California. I understand that I am responsible for all medical fees should my child be injured or become ill at the Exploration Station, or during any Exploration Station activities and/or field trips. I will not hold the Exploration Station responsible for any injury that should happen to my child during regular activities of the Exploration Station.

My Insurance Carrier Is: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Dentist's Name \_\_\_\_\_

Policy Number \_\_\_\_\_

(Please attach copy of your child's insurance card to insure speedy care for your child)

**Please complete page 2 on the backside**

# POLICY AND CONSENT FORM page 2

## Child Pick-Up Policy

Children must be picked up at the scheduled end of the class, activity or event

Parents must call if they are going to be late picking up their child. If we do not hear from a parent and the child is not picked up within 15 minutes after the end of the class, activity or event, and the we cannot contact the parent or other authorized persons listed below, we will turn the child over to the Grover Beach Police Department.

Children and youth must wait inside the Exploration Station

Children permitted to walk must have a signed permission slip from the parent/guardian. However, we do not permit children to walk home after sunset.

## Authorized Persons

Including myself, I authorize the following people to pick up my child from the Exploration Station program sites. I understand and will inform the persons listed below that they will be required to show identification and to sign my child out before the Exploration Station will release my child to them.

1. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Photographic Release

I hereby give the Exploration Station the absolute and irrevocable right and permission with respect to photographs, videos, motion pictures and/or sound recordings of my child;

To use, reuse, publish, and republish same, in whole or in part, separately or in conjunction with other photographs or recordings, in any medium, and

The child's name herewith.

I hereby release and discharge the Exploration Station from any claims and demands arising out of or in connection with the use of such photographs videos, motion pictures, and/or recordings.

I also agree that the photographs, videos, motion pictures, and/or recordings, shall become the sole property of the Exploration Station.

\_\_\_\_\_  
Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent of Guardian

\_\_\_\_\_  
Date