



# 2016 Hawai'i Island Robotics Academy Enrollment Form



Please print. Incomplete applications or changes to this form cannot be processed and will be returned.

Student's Last Name	First	Grade (as of Jan 1, 2016)	3	4	5	6
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Check Session(s) attending:						
Selection	Session	Program	Dates	Tuition	Grade Level	
	2016	HIRA	July 5-9 (Tue-Sat), 8:00a-12:30p	\$200	3-6	

Mailing Address	Gender	Male	Female				
City	State	Zip Code					
Home Phone Number ( )	Age	8	9	10	11	12	13
Parent's Email Address	School Currently Attending						
Father's Name	Business Phone ( )						
Mother's Name	Business Phone ( )						

Student T Shirt Size			
Child Large	Child Medium	Child Small	
Adult Large	Adult Medium	Adult Small	

**MUST COMPLETE THE FOLLOWING:** In case of emergency (and parents are not available), please contact:

Name	Relationship	Phone
Family Doctor	Phone	
Medical Insurance plan	Membership number	
Name of Person(s) Picking Up Student	Phone(s)	

Please Provide Medical/Health Concerns (continue on back if needed):

### ACCIDENT, MEDICAL, AND MEDIA RELEASE

We, \_\_\_\_\_ (names of parents or guardians), parents of \_\_\_\_\_ (name of student), who is attending the *Hawai'i Island Robotics Academy* session, release all officers/directors/staff members/students and teachers of *Hawai'i Island Robotics Academy*, the *Waiakea High School Engineering Academy and Robotics Club*, the *Waiakea High School Business Academy*, *Waiakea High School*, and all other sponsoring agencies and/or organizations and volunteers of any claim for damages, liability, injury, expense, or loss on account of any negligence or other wrong doing that may occur while our child is attending *Hawai'i Island Robotics Academy*. We also agree to indemnify and hold harmless those persons of the above stated organizations on any claim arising out the *Hawai'i Island Robotics Academy* activities under this agreement. In case of accident or need for medical attention, we give permission to the *Hawai'i Island Robotics Academy* staff members to take our child, \_\_\_\_\_ (name), to a doctor, dentist and/or emergency medical facility. It is understood that the cost for treatment will be borne by the parent or guardian.

We also hereby give permission to the *Hawai'i Island Robotics Academy*, *Waiakea High School*, to film, tape, or otherwise record our child's name, voice, and/or person. We understand that these recordings of our child may include news releases to include photographs about *Hawai'i Island Robotics Academy* and other media releases to publicize *Hawai'i Island Robotics Academy*, and open-circuit (broadcast), closed-circuit, and/or cable television transmission within or outside of the State of Hawai'i in perpetuity. We also understand that there will be no financial or other remuneration for recording our child, either for initial or subsequent transmission or playback. The *Hawai'i Island Robotics Academy* and *Waiakea High School*, may also use our child's name, likeness, and/or bibliographical identification for publicizing and promoting the use of these recordings.

Further, we have read and understand the refund policy and enrollment policy stated in the *Hawai'i Island Robotics Academy* materials.

\_\_\_\_\_  
FATHER'S OR LEGAL GUARDIAN'S SIGNATURE (Required)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MOTHER'S OR LEGAL GUARDIAN'S SIGNATURE (Required)

\_\_\_\_\_  
DATE

### Optional parental waiver if you do not wish to sign out students daily:

The Hawai'i Island Robotics Academy ends at 1:00 pm daily. A parent or another authorized adult must sign out the child daily at room H105 (Waiakea High School). If you do not wish to sign out the student daily, please sign the waiver below. This will allow your child to meet you outside the room without the need to sign them out.

I authorize the Hawaii Island Robotics Academy staff to release my child, \_\_\_\_\_, at program conclusion (1:00 pm, Tuesday through Saturday, at Waiakea High School (Building H, room 105) without being signed out by a parent or other authorized adult.

\_\_\_\_\_  
PARENT'S NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

*Payment: Tuition must be paid in full and mailed with a completed enrollment form. Make personal check, money order, or cashier's check payable to **the Waialae High School Robotics Club**.*