



# E-LAB ROBOTICS

## Registration Form

Date:.....

Full Name Of Student:.....

Address:..... Contact Details:.....

Date Of Birth:..... Gender:.....

School:..... Grade:.....

Medical Concerns:.....

.....

By signing below, i am indicating that i have been informed about the following and agree to the terms therein:

**REGISTRATION PROCESS:** is considered complete and students are enrolled in the program once the registration form and payment are submitted to e-lab robotics.

**WAIVER RELEASE:** I understand that my child(ren) will be involved in various class activities. while every care given to ensure a safe environment, I do not hold e-lab robotics or any of their staff liable in case of injury or harm, however arising, sustained by my child.

**MEDIA RELEASE:** I hereby give consent to e-lab robotics permission to photograph, film and interview my child for possible publication in various news media promotional purposes.

Parent/Guardian Name..... Signature.....

