

RaileRobotics Lego Camp Release Form

Parent/Legal Guardian's Name: _____

Address: _____

Phone #'s: Home: (____) _____ - _____

Work: (____) _____ - _____

Cell: (____) _____ - _____

Email Address: _____

Children(s) Name(s):	Age & Sex:	Medical Conditions (i.e. allergies)
	(M / F)	
	(M / F)	

Emergency Contact: _____

Relationship to child/children: _____

Phone #'s: Home: (____) _____ - _____

Cell: (____) _____ - _____

Emergency Contact: _____

Relationship to child/children: _____

Phone #'s: Home: (____) _____ - _____

Cell: (____) _____ - _____

Names of people allowed to pick your child up: _____

Parent/Guardian Signature: _____ Date: _____

Please wear closed toed shoes (no crocs). Snacks included.

A confirmation email will be sent after registration and payment has been processed.

**Make checks payable to RaileRobotics
and mail to:
900 W 12th St. Newton, KS 67114**