



2010 Camp Eureka Enrollment Form

Please complete all sections. Incomplete forms cannot be processed and will be returned.

Section A: Session Selection¹

We are currently offering the following session: Summer 2010: June 14 th – June 18 th , 8:00am – 12:00pm	Please circle a course to enroll in. Basic NXT Advanced NXT
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Section B: General Information

Last Name:	First Name:	Middle Initial:
Age:	Grade (as of August 2010):	Gender (circle one): Male Female
Mailing Address:		School Currently Attending:
City:	State:	Zip Code:
Home Phone Number:		
Father/Guardian's Name:		Business Phone/Cell:
Mother/Guardian's Name:		Business Phone/Cell:
Parent(s)/Guardian(s) Email:		

Section C: Medical/Emergency

In Case of Emergency (and parents are not available), please contact		
Name:	Relationship:	Phone:
Doctor:	Phone:	
Medical Insurance Plan:	Membership Number:	
Name of the person who will be picking up student:		Phone:

Section D: Shirt Size

Please circle the size t-shirt that your student wears.			
Child	Small	Medium	Large
Adult	Small	Medium	Large

¹ The 2009-2010 School Year Calendar Schedule is TENTATIVE. The dates will be subject to change.

Section E: Accident, Medical, and Media Release Form

We, _____ [names of parent(s) or guardian(s)], parents of _____ (name of student), who is attending the *Camp Eureka* session, release all officers/directors/staff members and teachers of *Camp Eureka, Hilo Viking Robotics*, Hilo 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 *Camp Eureka*. We also agree to indemnify and hold harmless those persons of the above stated organizations on any claim arising out the *Camp Eureka* activities under this agreement. In case of accident or need for medical attention, we give permission to the *Camp Eureka* 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 *Camp Eureka, Hilo Viking Robotics* and Hilo 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 *Camp Eureka* and other media releases to publicize *Camp Eureka*, 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 *Camp Eureka, Hilo Viking Robotics* and Hilo 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 *Camp Eureka* materials.

Father/Guardian's Signature Date

Note: Both parents or legal guardians listed on form must sign.

Mother/Guardian's 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 **Hilo Viking Robotics**. Please indicate your student's name in the memo section.*

The following is to be completed by Camp Eureka Registration

Received on _____	Check No. _____	Date _____	Total Enclosed _____
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**Hilo Viking Robotics
556 Waianuenue Ave.
Hilo, Hawaii 96720**

Website: <http://www.hilohighrobotics.com>

E-mail: cameureka@hilohighrobotics.com