



# SPRING 2024 ROBOTICS SESSIONS Registration

Return form with your deposit to the Mt Moriah Church Office or email to [info@FourRiversOutreach.Org](mailto:info@FourRiversOutreach.Org). Registrations sent via email will receive a digital invoice via email that can be paid with a Credit/Debit card or bank draft.



Please complete the following information (Please print or type) Registration Fee \$25 per student.

Child's Name: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

Spring School Grade: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Student's Age: \_\_\_\_\_

Student's School: \_\_\_\_\_

Name of Parent(s) /Guardian(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work Number; \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Note: If any of the above information changes, please notify Four Rivers Outreach immediately.**

### EMERGENCY CONTACT INFORMATION

**List two emergency contacts other than those listed above:**

Name	Relationship	Home Phone	Work Phone

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### AUTHORIZATION TO PRODUCE AND USE AUDIOVISUAL MATERIALS

I hereby voluntary and without compensation authorize the Four Rivers Outreach Community Development Corporation to produce photographs, movies, videotapes, audio-tapes, and Power Point Presentations of the below named student. This authorization is given on the condition that the materials taken or produced will be used for the purpose of community education or program promotion. I understand Four Rivers Outreach Community Development Corporation and its employees will not use these materials for compensation.

I understand that this grant of permission shall only be revoked by a written instrument delivered to the President of the Four Rivers Outreach Community Development Corporation. This consent shall remain in effect, unless revoked.

\_\_\_\_\_  
Name of Student Name of Parent/Legal Guardian

\_\_\_\_\_  
Date Signature of Parent/Legal Guardian Signature