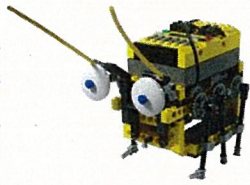


# LEG Robotics



**CLASS BEGINS  
APRIL 11TH**



## Registration Form Grades 4-5 Only

WEDNESDAYS  
2:15-3:45 PM  
ROOM C-1  
LA PINE ELEMENTARY SCHOOL



PRE-REGISTRATION  
REQUIRED

REGISTRATION ON A FIRST  
COME FIRST SERVED BASIS  
ONLY 10 SPOTS AVAILABLE

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: M F  
(Last) (First)

Mailing Address: \_\_\_\_\_  
(Street # or PO Box) (City) (State) (Zip)

Student Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Parent / Guardian # 1: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent / Guardian # 2: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### Agreement, Waiver & Release

I hereby register my youth for the Community School Program through the La Pine Park & Recreation District. I authorize the staff and volunteers of the program to direct my youth in participation of activities. I know of no mental or physical problems which may affect my child's ability to *safely participate* in activities offered. I authorize the staff and or volunteers to attend to any health problem or injury to my child that may occur while participating. I hereby release and hold harmless the Bend -La Pine School District, volunteers of the La Pine Park & Recreation District program, La Pine Park & Recreation District players, instructors, agents and board of directors, from any liability that may arise from my child's participation. I acknowledge that I am responsible for any medical expenses due to my child's illness or injury. I acknowledge I have read the above waiver and releases and understand that I give up substantial rights by signing below and hereby sign voluntarily.

**Signature:** \_\_\_\_\_

#### For Office Use Only

Registration Paid \$ \_\_\_\_\_ Ck # \_\_\_\_\_ Cash \_\_\_\_\_  
CS Discount Y N