

FIRST Robotics Team 501 - PowerKnights
TEAM MEMBERSHIP INFORMATION

First Name

Last Name

Homeroom:

Homeroom Teacher:

Grade:

WHS

GHS

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D
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N
T**

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

PARENTS/LEGAL GUARDIANS/EMERGENCY CONTACTS:

**P
A
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E
N
T**

Name: _____

Address: _____

Relationship to Student: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Email: _____

Company/Occupation (optional): _____

Name: _____

Address: _____

Relationship to Student: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Email: _____

Company/Occupation (optional): _____

Name: _____

Address: _____

Relationship to Student: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Email: _____

**PLEASE PRINT TWO COPIES OF THIS FORM!
COMPLETE AND RETURN AS DIRECTED BY DATE SPECIFIED**