

Manchester High School West PowerKnights Robotics Team
TEAM MEMBERSHIP INFORMATION

First Name Last Name

Homeroom: _____ Homeroom Teacher: _____ Grade: _____ WHS _____
GHS _____

S Street Address: _____
T _____
U City, State, Zip Code: _____
D _____
E Home Phone: _____ Cell Phone: _____
N _____
T Email: _____

PARENTS/LEGAL GUARDIANS/EMERGENCY CONTACTS:

P Name: _____
A Address: _____
R Relationship to Student: _____ Home Phone: _____
E Cell Phone: _____ Work Phone: _____
N Email: _____
T 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

Manchester High School West PowerKnights Robotics Team
STUDENT HEALTH INFORMATION

NAME: _____ **GRADE:** _____

**THE FOLLOWING WILL BE HELD CONFIDENTIAL BY THE FACULTY ADVISOR AND USED IN EVENT OF EMERGENCY
A COPY OF THIS DOCUMENT WILL BE AS EFFECTIVE AS AN ORIGINAL**

Doctor: _____ Address: _____

Phone: _____

Insurance Company: _____

Policy #: _____

Date of last Tetanus Shot: _____

Preferred Hospital: _____

Does your child have any food, medicine, allergies, or any other conditions we should know about? If yes, please explain: _____

I/We authorize a licensed medical authority (EMT, RN, LPN and Outside Contractors of SAU #37) to administer first aid or for a doctor selected by Manchester High School West, FIRST Robotics Team 501, The PowerKnights, and any representative thereof, to hospitalize, secure proper treatment for, and to order medicine, injections, anesthesia, surgery or x-rays to my/our child following a robotics team related injury. I/We will not hold Manchester High School West responsible for any injury or repercussion from medical attention. I/We also give permission to transport my/our child to a medical facility for the purpose of obtaining medical care following an injury. EVERY ATTEMPT WILL BE MADE TO CONTACT YOU PRIOR TO ANY DECISIONS.

I/We also give the Faculty Advisor and the assigned chaperones permission to administer over-the-counter medications, including but not limited to: Tylenol, Advil, Benadryl, and upset stomach or cold medications, as deemed necessary by the Faculty Advisor and the assigned chaperones.

WE REQUEST THAT BOTH PARENTS/GUARDIANS SIGN THIS FORM

PARENT/GUARDIAN: _____ PARENT/GUARDIAN: _____

DATE: _____ DATE: _____

EMERGENCY PHONE CONTACT

HOME: _____ HOME: _____

WORK: _____ WORK: _____

CELL: _____ CELL: _____

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Manchester High School West PowerKnights Robotics Team

STUDENT RESPONSIBILITY CONTRACT

Please initial each item you can honestly agree to:

	Initials	
	Student	Parent
• I have read the handbook, the history of the Manchester High School West PowerKnights Team, and will familiarize myself with the game rules when they are issued.	_____	_____
• I realize that there is no one solution to a problem, and that a successful team must cooperate by considering EVERYONE'S solution and ideas. I agree to cooperate on whatever solution the team may choose, even if it was not my first choice.	_____	_____
• I agree to have outstanding sportsmanship and respect the other teams at events. I realize that gracious professionalism is an important part of FIRST and will try to show this quality for the good of the team.	_____	_____
• I agree that I will make an effort to be a constructive member of the team at meetings, and must make an honest effort to attend and participate in meetings. I will be responsible for arranging my transportation to and from meetings and activities. I will notify the Faculty Advisor or the appropriate person if I cannot attend a meeting or event; I understand that otherwise I will be unexcused.	_____	_____
• I acknowledge the behavior and academic standing that is expected of me. I acknowledge that I must abide by the school handbook and the team's handbook at all times to remain a part of this team. I also realize that if I violate these, I will receive the consequences for those actions.	_____	_____
• The equipment used during the construction of the robot can cause serious injury if not used correctly. I recognize that I am not permitted to use any piece of equipment until I have been instructed by a mentor or advisor on the safe use of that specific equipment, and even then, may only operate it under the supervision of an adult.	_____	_____
• Most of all... I agree to show dedication to the team and to the ideals of FIRST by being an active participant on the team. I understand that attending meetings, contributing to team activities, participating in team subcommittees, and in general, making an effort to help further this team in its mission can help me achieve this goal.	_____	_____

Student's Name (please print) _____

Student's Signature

Date

Parent's Signature

Date

COMPLETE AND RETURN AS DIRECTED BY DATE SPECIFIED

Manchester High School West PowerKnights Robotics Team
PARENT RESPONSIBILITY CONTRACT

Please initial each item you can honestly agree to:

- | | Parent
Initials |
|--|----------------------------|
| <ul style="list-style-type: none">• I agree not to interfere with the team's solutions. I realize that this is a program to help extend the knowledge and experiences of the students of this team, and that the products of the team should be the result of the efforts of the students of the team. | _____ |
| <ul style="list-style-type: none">• I agree to make every effort to have my student attend all team meetings. If there is a conflict, I will make sure that the student notifies the Faculty Advisor of reason for their absence. I understand that carpooling is an option. I understand that my student has a commitment to this team. | _____ |
| <ul style="list-style-type: none">• I realize that if I choose to help mentor the students of this team, I must do so in a way that will teach the students how to attain their goals. I will attend a mentor training session prior to mentoring students. I will ask questions that will help lead them to their answer but will be as hands-off as possible to give the students the best opportunity to learn, even if by making their own mistakes along the way. | _____ |
| <ul style="list-style-type: none">• I understand that my student has the responsibility to the team. I realize that this is their team. I will do what I can to help further this team, and will encourage my student to be an active and important member of this team. | _____ |
| <ul style="list-style-type: none">• I understand that if I fail to meet the obligations, expectations, and requirements listed here, then the Faculty Advisor reserves the right to remove me from the team. (This does not in any way penalize my student on the team.) | _____ |

Student's Name (please print) _____

Parent's Signature

Date

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