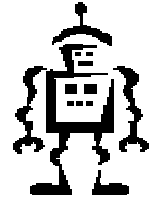




Summer Robotics/Entrepreneurship Program



Cameron University **Make Robotics your business**

Student: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

**Parent/Guardian Information**

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

I allow my son/daughter, \_\_\_\_\_, to attend the Summer Robotics Program at Cameron University.

I give permission to the CETES Staff to act on my behalf should any disciplinary or emergency situation occur. As parent/guardian of \_\_\_\_\_, I agree to defend, indemnify and to hold harmless the CETES staff, Cameron University and its Board of Regents from any and all claims for loss, costs, damages, and expense, including reasonable attorney's fees, which may occur to persons or property during the CETES Summer Robotics/Entrepreneurship Program.

**Medical Release:**

I authorize the Cameron University CETES Summer Robotics/Entrepreneurship Program to provide medical services to my child, \_\_\_\_\_. All costs will be assumed by the parent/guardian.

Does your child have any food allergies, medical concerns or special considerations that should be addressed? Y\_\_\_ N\_\_\_. If so, please explain: \_\_\_\_\_

I, \_\_\_\_\_, have read and fully understand the above statements concerning the well-being of my child during CETES Summer Robotics/Entrepreneurship Program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Emergency Contact Information:**

Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Please send registration and \$50 fee to: Cameron University, CETES 2nd floor  
Make check payable to: Cameron University 2800 W. Gore Blvd.  
Lawton, OK 73505

For questions or concerns please contact Kira Newton at [klnewton@cameron.edu](mailto:klnewton@cameron.edu) or via phone 580.581.5447.