ZERO ROBOTICS PERMISSION SLIP



Site	2:	
Chile	ld's Name:	
Pare	ent/Guardian's Name:	
Eme	ergency Contact Information:	
Pa	arent/Guardian Commitment Form	
Mid	ddle School Program, I must make an effort to a courage my child's interest in the program, and	, recognize that for my child to participate in the Zero Robotics ittend events to which parents/guardians are invited and must in science, technology and space exploration.
Ch	nild Email Use Form	
	use the Zero Robotics website, each student wi oose one of the following):	ll need an email address. My signature below indicates that
	I will provide my child with a family en the program, OR	nail address that he/she will be able to access for the duration of
	☐ I give permission for my child to create	e a free email account on Google's Gmail.
Fie	eld Trip Permission Form	
I, part	t of the 2017 Zero Robotics Middle School Prog	, give permission for my child to attend the following field trips as ram:
1.	Location:	Date:
2.	Location:	
3.	Location:	
4.	Location: (Field Day)	Date:
5.	Location: (ISS Finals Competition)	Date:
Me	edia Release Form	
l,		, give permission to the 2017 Zero Robotics Middle School
_		r video of my child during the program and to put the finished
rela		cs program. Only first names will be used, if any, on online
μαυ	oneactoris, and an images and video will be used	omy for zero hobotics program purposes.
Parent Signature:		Date:















