ZERO ROBOTICS PERMISSION SLIP

ZERO ROBOTICS
ISS PROGRAMING CHALLENGE

Site: _____

Child's Name:_____

Parent/Guardian's Name:_____

Emergency Contact Information:_____

Parent/Guardian Commitment Form

I, _____, recognize that for my child to participate in the Zero Robotics Middle School Program, I must make an effort to attend events to which parents/guardians are invited and must encourage my child's interest in the program, and in science, technology and space exploration.

Child Email Use Form

To use the Zero Robotics website, each student will need an email address. My signature below indicates that (choose one of the following):

- ❑ I will provide my child with a family email address that he/she will be able to access for the duration of the program, OR
- ❑ I give permission for my child to create a free email account on Google's Gmail.

Field Trip Permission Form

I, _____, give permission for my child to attend the following field trips as part of the Zero Robotics Middle School Program:

1. Location:_____ Date: _____
2. Location:_____ Date:_____
3. Location:_____ Date:_____
4. Location: (Field Day)_____ Date:_____
5. Location: (ISS Finals Competition)_____-_____ Date:_____

Media Release Form

I, _____, give permission to the Zero Robotics Middle School Program to make or use pictures, digital images, or video of my child during the program and to put the finished pictures, images or video to use in productions, publications, on the web, or other printed or electronic materials related to the role and function of the Zero Robotics program. Only first names will be used, if any, on online publications, and all images and video will be used only for Zero Robotics program purposes.

Parent Signature: _____ Date:_____

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