



Membership Registration

Name			
Email			
Home Phone		Cell Phone	
Address			
School Grade & Subjects of greatest interest			
Involvement in Robotics (years)	Lego League, FIRST Robotics		
Interests on the team			
Other interests			



Parent/Guardian Name	
Parent/Guardian Contact Info	
Emergency Contact	<input type="checkbox"/> Same as above
Medical Conditions /Food Allergies to be aware of	

- Registered in STIMS
- Signed Team Waiver
- Completed Basic Safety Training
- Have a Passport (needed in case of international travel)

