

Robotics Ride Home Release From

Student Name:

Emergency contact

Cell Phone Number

Type of Event

Date of Request:

Event Location:

Additional Important Information:

Please read and check the following :

*Understand that I am required to sign my student out with the head chaperone prior to leaving the event.*

*I further understand that I assume all responsibility for my daughter/son once they have been released from the supervision of Robotics.*

*I also understand that this form must reach Brandi Bolinger or Jody Nickola prior to the event.*

Parent Signature:

Approved

Rejected

Comments:

Director Signature: