



Underwater Robotics



Please fill out the information below and return it to the **FRONT OFFICE**. Please complete a form for each child.

Student Information:

Student's Name: _____ Team: _____
Homeroom Teacher: _____

Parent/Guardian Information:

Parent/Guardian Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Emergency Contact Name: _____

Home Phone: _____ Work Phone: _____ Cell _____

Please let us know if your child has any **SERIOUS** health conditions, physical limitations and/or allergies.

Student will get home by: (circle all that may apply)

Walk Ride city bus Picked up at 4:15 by: _____

This Underwater Robotics course offered by Snapshot Science, LLC and the Wausau School District involves the use of some tools that can be dangerous. Depending on the projects, students might use a utility knife, glue gun, soldering iron, or PVC pipe cutter. The instructors will demonstrate and teach your child safe use of any tool prior to use. Also, your son/ daughter will be instructed to always wear safety glasses while soldering, cutting metal pieces, or doing any other activity that is deemed dangerous by the teacher. Although every workshop will include careful safety instruction and close supervision, you must recognize the fact that accidents can happen. Therefore we must have permission for your child to participate in this program, and to use the tools that we have provided to use.

I have read the above statement and I give my permission for _____ to participate in the Wausau School District and Snapshot Science, LLC Underwater Robotics after school program. I understand that my son/ daughter will be using a variety of tools that can be dangerous if used improperly. By signing this form, I release my son/daughter's school, the Wausau School District, Snapshot Science, LLC, and all of the people acting on their behalf, from any liability in the event of any injury incurred while participating in the Underwater Robotics program.

I give permission for my child(ren) to participate in this activity.

Parent/Guardian signature _____ Date _____

Photographic Media Release:

The Wausau School District strives to recognize student achievement and promote educational opportunities. Occasionally, reporters/photographers from the media or staff from partnering organizations in the 21st Century CLC Program is in the schools to photograph or videotape program participants and activities. Be assured the Wausau School District will protect the confidentiality of your child's educational program and needs.

_____ I do give permission for my child to be photographed and or identified.

_____ I do not give permission for my child to be photographed and or identified.

The Wausau School District does not discriminate against individuals on the basis of sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional, or learning disability. Federal law prohibits discrimination in education and employment on the basis of age, race, color, national origin, sex, religion, or disability.

Anyone who believes that the Wausau School District has inadequately applied the principles and/or regulations of Title VI, Title VII, Title IX, Section 504 or the Americans with Disabilities Act, may file a complaint with the WSD Equity Director at the Longfellow Administration Center, 415 Seymour Street, Wausau, Wisconsin 54402-0359, or by telephone at 715-261-0500.