

Team Paragon Robotics 571

2011-2012 Student Member Information Form

Please **PRINT LEGIBLY** and return tonight, or if necessary, return to Team Admin

Name: Last _____ MI _____ First _____
 Student - Grade _____, School (please circle) **WHS** **MLC** **Private**

| Phone | Area Code | Number | Extension |
|--------------|------------------|---------------|------------------|
| Home | | | |
| Other (alt.) | | | |
| Cell | | | N/A |

Emergency Contact Name(s) (parent or legal guardian)

Mother's Name: Last _____ First _____

Father's Name: Last _____ First _____

Guardian's Name: Last _____ First _____

| Phone #'s | Area Code | Number | Extension |
|------------------------|------------------|---------------|------------------|
| Mother Work Cell phone | | | |
| Father Work Cell phone | | | |
| Guardian | | | |

Home Mailing Address

Street _____

City/St/Zip _____

E-mail Addresses

It is strongly encouraged that you have an e-mail address. Most team information is disseminated via e-mail.

Student (Home) _____

Student (School) _____

Parent/Guardian (Home/work) _____

Parent/Guardian (Home/work) _____

Please list any allergies or medical conditions the team may need to be aware of: _____
