

Team 4 ELEMENT

High Tech Los Angeles
17111 Victory Blvd.
Van Nuys, CA 91406



www.team4element.com
contact@team4element.com

ROBOTICS SUMMER CAMP

Student Name (Last, First): _____

Parent Name (Last, First): _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email: _____

Student Cell Phone: _____ Student Email: _____

Current School: _____ Current Grade Level: _____

Does the student have any medical conditions or allergies? _____

I agree and consent that HT-LA in congruence with Team 4 ELEMENT, its successors, legal representatives and assigns, may use and reproduce my child's name, likeness, voice, photograph, and/or motion picture film, videotape or audiotape recordings; and circulate, use, publish, broadcast or otherwise distribute the same for any and all purposes including advertising, publications, and other purposes of trade without limitation and/or compensation to me or my child. I release HT-LA in congruence with Team 4 ELEMENT from any and all liability growing out of or relating to the use of my name or the name, grade, or age of my minor child, or any photograph or photographs, motion picture film, videotape or audiotape recordings of my minor child.

Name of Child: _____

Signature of Parent/Guardian: _____ Date: _____

Make checks payable to HTLA
Students are responsible for their own lunches; snacks will be provided.