

**Leominster Youth Robotics – VEX program
2010-2011 Registration Form**

Student's Name: _____

School: _____

Grade (in the fall): _____ T-shirt size: Y-S Y-M Y-L Y-XL/A-S A-M A-L A-XL

Parent/Guardian's Name: _____

(***) I would like to coach a team ___ YES ___ NO (***)

Home mailing address: _____

Home Phone No.: _____ Cell Phone No.: _____

Email address (*please print clearly*): _____

Requests for teammates (will accommodate when possible):

My child would like to be a member of the 2010-2011 Leominster Youth Robotics VEX program. I understand that he/she is making a commitment to his/her teammates and to the program. He/she will be able to participate in most of the team meetings, which may include up to two evenings per week and occasional weekend meetings during the competition season. I understand and accept that there may be additional costs if the team wishes to participate in more than two tournaments. I understand that a refund of 50% of the registration fee will be granted if he/she wishes to leave the program up until the team registers for its first tournament (mid-October). After that time no refunds will be granted.

(Student's signature)

(Parent/Guardian's signature)

The \$150 registration fee should be mailed no later than June 26, 2010 to:
Leominster Youth Robotics
24 Church Street, Room 34
Leominster, MA 01453

*Please note that after June 26th there will be a \$10 late fee added.
(Please make checks out to Leominster Youth Robotics.)*