

# Team Awkward Turtle – FRC Team 2108

## Student Permissions Form

Participant Name: \_\_\_\_\_

### Meeting Commitment:

By signing below, I acknowledge my son/daughter has my permission to participate and attend meetings held, unless otherwise notified, at Dashiell (11000 Regency Parkway, Cary, NC). During the pre-season (September through December) general team meetings will be on a scheduled day (TBD) and other times depending on what your sub-team requires. During the build season (January through March) meetings are scheduled throughout the week in the evenings and weekends depending on the needs of the team.

### Permission to Ride

Throughout the pre-season and Build season, Team 2108 Team Awkward Turtle will have team meetings, events outside of the Build room and competitions. At times, it may require your student to have an alternate mode of transportation to be present at one of these occurrences.

Please check below ALL THAT APPLY:

\_\_\_\_\_ I will NOT allow my student to ride with a mentor or other student.

\_\_\_\_\_ I will allow my student to ride with a mentor.

\_\_\_\_\_ I will allow my student to ride with another student.

### Media Permissions

Team 2108, Team Awkward Turtle, may use photographs, videos, or other media publications to promote the team throughout the season. These publications may be used on the team website, newsletters, presentations, or any other form of publication created by Team 2108. They may also be used by the news media providing coverage of the team aired on the television.

Please check one:

\_\_\_\_\_ I give permission to Team 2108 Team Awkward Turtle or news media to take photographs, videos (or to be included in presentations) of my student. Further, I authorize their use without inspecting or approving the finished media product.

\_\_\_\_\_ No. I do not give permission for my student to participate in any presentations by Team 2108 or news media. I also do not allow for photographs or videos to be taken.

By signing below you acknowledge that the answers you gave to each section above will apply to your child throughout their participation on this FIRST Team. If at any time you change your mind, please complete a new form.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## 2009 - 2010 Medical Release Information

Participant Name: \_\_\_\_\_

Medical Insurance:

Company: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Is this participant taking ANY medications? \_\_\_\_\_

If yes, for what conditions: \_\_\_\_\_

Any allergies: \_\_\_\_\_

Does this participant have any health problems that we need to be aware of?

\_\_\_\_\_

### Permission to dispense Over-the-Counter Medications

I hereby grant permission to team mentors and adult chaperones to provide the following over-the-counter medicine to my son/daughter. Please check all that apply. Note: Category of medicine and example are listed, although a different brand may be used.

\_\_\_\_\_ Ibuprofen (Advil)

\_\_\_\_\_ Antihistamine/Decongestant (Benadryl)

\_\_\_\_\_ Antacids (Tums)

\_\_\_\_\_ Acetaminophen (Tylenol)

\_\_\_\_\_ Antibacterial Cream (Neosporin)

\_\_\_\_\_ Other (specify) \_\_\_\_\_

### In Case of EMERGENCY CONTACT:

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone: \_\_\_\_\_

I hereby grant permission to provide emergency care to my son or daughter, including transporting my child to the emergency room, if needed.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date