



SLV 4-H ROBOTICS New Member Interest Form

Youth Name: _____ Town: _____

County: _____ Age (on 12/31/17): _____ Grade: _____

Parent Name: _____

Parent Email: _____ Phone: _____

General Availability from November-May:

Please write **all** available meeting times below the days available and star your preferred time(s). Place a large "x" in the box on any days you are not available.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Times Available							

What towns would you be willing to drive to for meetings (no more than 2 per month)? Check all that apply.

☐ Alamosa ☐ Monte Vista ☐ Center ☐ Fort Garland ☐ La Jara ☐ Del Norte

Youth that already know each other and know they work well together tend to have success as robotics teams. Does your child have friends (already in the program, or new) that they would prefer to be on a team with? If yes, please provide names and contact information, as available.

This program depends on adult volunteers to serve as team coaches. Usually, these volunteers are parents of kids in the program. No experience is required, and training and support are provided. A training is tentatively set for October 21. Are you or another adult in your family willing to serve as a coach this season?

☐ Yes Name of potential coach: _____ ☐ No

I have read the program overview document, including the season schedule, and understand the commitment involved in this program. If my child is selected to participate, we will complete and sign a participant agreement form in a timely manner.

Parent Signature

Date