



Robotics and Technology Team Of Newport County

Registration

Student's Name: _____

Address: _____

Telephone: _____

Date of Birth: _____

E-mail: _____

Cell Phone: _____

Class: F Sp J Se

T-Shirt Size S M L XL XXL

Parents or legal guardian's
Name: _____

Address: _____

Telephone #: _____

Cell phone: _____

E-mail: _____

Work Telephone: _____

Photo and Video Release Form

I _____ (parent or legal guardian) give permission to FIRST Robotics and Technology Team of Newport County, (Middletown High, Portsmouth High, Tiverton High, Mt. Hope High, and MET Charter) to use pictures, videos, and CD's of my child, _____ for the use of publicity, marketing and fundraising. My permission also extends to our business and community partners, as well as the media.

Please contact Mrs. Fenton with any questions or comments at 401-846-7938.

Parent or Legal Guardian

Date