

RealityTech Academy

Robotics & AI Summer Camp Registration Form & Parent Agreement

Student Information

Student Name: _____

Date of Birth: _____ Age: _____

School Name: _____

Grade Level: _____

Parent / Guardian Information

Parent/Guardian Name: _____

Phone Number: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Camp Registration

Camp Week (Select One or More)

- Week 1 – Robotics Camp
- Week 2 – AI + Coding Camp
- Week 3 – Robotics Engineering
- Week 4 – Advanced Robotics

- Week 5 – Python + Robotics
- Week 6 – Robotics Challenge Lab
- Week 7 – AI Innovation Lab

Camp Tuition: **\$499 per week**

Payment Option:

- Pay in Full
- Deposit Payment Plan

Deposit Amount: \$99

Remaining Balance Due Before Camp Start Date

Camp Location: Atlanta Area

Note: **Final venue announced after registration**

Medical Information

Does the student have any medical conditions, allergies, or special needs we should be aware of?

Photo / Media Release

I grant permission for RealityTech Academy to photograph or record my child during camp activities for educational and promotional purposes, including social media and website use.

- Yes
- No

Liability Waiver

I understand that my child will participate in educational robotics activities. While RealityTech Academy takes reasonable precautions to ensure student safety, I acknowledge that participation in camp activities involves some level of risk.

By signing below, I release and hold harmless RealityTech Academy, its staff, instructors, and partners from liability for injuries or damages that may occur during participation in the program, except in cases of gross negligence.

Parent/Guardian Agreement

By signing this form, I confirm that:

- The information provided is accurate.
- I authorize my child to participate in the RealityTech Robotics & AI Summer Camp.
- I agree to the payment terms and policies of the program.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

RealityTech Academy Contact

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