

RealityTech Academy Robotics & Coding 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:

State:

Zip:

City:

Emergency Contact Name: _____

Emergency Contact Phone: _____

Program Tuition: **\$499 per student**

Payment Option:

Pay in Full

Deposit Payment Plan

Deposit Amount: \$99

Remaining Balance Due Before program Start Date

Program Location: Johnson STEM Activity Center

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

Dr. Elliott Heflin

Founder, RealityTech Academy

Phone: 404-801-4866

Email: elliott@realitytechs.org