

## GENERAL INFORMATION

First Name	Last Name	Middle Initial
/ /		
Date of Birth (Month/Day/Year)	Age	Gender
Address (Street)		
City	State	Zip code
Email address (Student)		Phone (Student)
@		( ) -

## SCHOOL INFORMATION

School	Grade
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## PARENT/GUARDIAN INFORMATION

Last Name	First Name
@	
Email address (Parent/Guardian)	Phone (Parent/Guardian)
( ) -	

## CIRCLE WHICH PROGRAM/S INTERESTS YOU:

 <b>Automotive Design Studio</b>	 <b>Battlebots NRL-Robotics</b>	 <b>Drone FPV Racing</b>
 <b>Digital Content Design Studio</b>	 <b>Welding Art Studio</b>	

## SIGNATURE

I certify that the information I have given on the application is complete and correct. I understand my failure to provide complete, accurate and truthful information on the application will be grounds to deny or withdraw my admission or dismiss me after enrollment. I agree to allow the university to send information on the status of my application to my high school.

Signature of Applicant	Printed Name	Date
/ /		
Signature of Parent/Guardian	Printed Name	Date
/ /		

### DEMOGRAPHIC INFORMATION

\*This information is not used to determine eligibility in any way. MINDDRIVE is an equal opportunity employer and program.

First Name

Last Name

Which of the following best represents your ethnic heritage?

Black, Afro-Caribbean, or African American\_\_\_\_\_

Latino or Hispanic American\_\_\_\_\_

Middle Eastern or Arab American\_\_\_\_\_

East Asian or Asian American\_\_\_\_\_

South Asian or Indian American\_\_\_\_\_

White or Euro-American\_\_\_\_\_

Native American or Alaskan Native\_\_\_\_\_

Other\_\_\_\_\_

Is the applicant eligible for free and reduced lunch? Yes\_\_\_\_\_ No\_\_\_\_\_ Not sure\_\_\_\_\_

Does the applicant have an Individual Education Plan (IEP)? Yes\_\_\_\_\_ No\_\_\_\_\_ Not sure\_\_\_\_\_

How will student get to and from MINDDRIVE?\_\_\_\_\_

### HEALTH INFORMATION

\*Information needed to accommodate our student's needs and to help them better achieve their goals.

Do you require any special accommodations for reading, testing, classroom work, or physical work?

Yes\_\_\_ No\_\_\_\_\_

If yes, please describe

Please list any Allergies or Dietary Restrictions

Health Insurance Provider

Policy Number

### SIGNATURE

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Signature of Applicant

Date

Signature of Parent/Guardian

Date

### GENERAL RELEASE OF LIABILITY BY MINDDRIVE

As a parent and or Guardian, I understand that the work of the MINDDRIVE classes, tours, and activities can be dangerous and can cause injury or even death to participants.

I agree to hold the MINDDRIVE organization, its staff, its board of directors, and the volunteers/mentors harmless from any injuries or death caused to my son or daughter by participation in the program.

### LOCAL AND OUT-OF-TOWN TRAVEL

It is understood that my child may travel to local and out-of-town events as a result of their participation in the program, and that out-of-town travel may require my child to stay overnight at the event for several days/nights. I understand that the Release of Liability in this Application applies to all out-of-town travel.

### EMERGENCY AID

If I am not immediately available, I authorize MINDDRIVE staff, mentors or volunteers to furnish and/or obtain emergency medical treatment, which may be necessary for my child during their participation in the program.

### ACCESS TO SCHOOL RECORDS

It is also understood that my child's grades, attendance, and relevant disciplinary information will be shared with MINDDRIVE by his/her school.

### PHOTOGRAPH AND VIDEO RELEASE

It is also understood that my child will be photographed and filmed during the program and events surrounding activities in conjunction with the program. These photos and videos remain the property of MINDDRIVE, Inc. as part of our documentation process and for promotional purposes, including but not limited to: blogs, press releases, website, social media, and in short or extended film versions of our program. Said films may be shown on television or in the theater and I release all claims to such photos or footage to the express use of MINDDRIVE, LLC.

As a parent or legal guardian, I agree to provide the necessary and timely transportation to enable my child to participate fully in the entire MINDDRIVE program. I agree to have my student at MINDDRIVE on time and to pick my student up on time.

By signing below, I understand that my child will be required to abide by the MINDDRIVE Code of Conduct provided for the express intent of creating a safe environment of collaboration and learning. Any breach of the MINDDRIVE Code of Conduct or act that results in an unsafe environment for the student/students may, at the discretion of MINDDRIVE personnel result in immediate dismissal from the program.

		/	/	
<b>Signature of Applicant</b>			<b>Date</b>	

		/	/	
<b>Signature of Parent/Guardian</b>			<b>Date</b>	