



## LAKE ORION HIGH SCHOOL *FIRST* ROBOTICS TEAM 302 APPLICATION

### APPLICANT INFORMATION

Name: <i>(First/Last)</i>		Student ID:
Date of birth:	Gender:	Grade:
Student of: <i>(Please circle)</i>		
Lake Orion High School	Home School	Other: _____
Address:		
City:	State:	ZIP Code:
Email Address:	Home Phone:	Cell Phone:
T-Shirt Size: <i>(Please circle)</i> S   M   L   XL   2XL   3XL	Allergies: <i>(List type)</i>	

### PRIMARY PARENT/GUARDIAN INFORMATION

Name: <i>(First/Last)</i>		
Address: <input type="checkbox"/> <i>Same as applicant</i>		
City:	State:	ZIP Code:
Email Address:	Home Phone:	Cell Phone:
Name of Employer/Job Title: <i>(Optional)</i>		

### SECONDARY PARENT/GUARDIAN INFORMATION

Name: <i>(First/Last)</i>		
Address: <input type="checkbox"/> <i>Same as applicant</i>		
City:	State:	ZIP Code:
Email Address:	Home Phone:	Cell Phone:
Name of Employer/Job Title: <i>(Optional)</i>		



EMERGENCY CONTACT			
Name of a relative not residing with you:			
Address:		Phone:	
City:	State:	ZIP Code:	
Relationship:			
RACIAL OR ETHNIC GROUP INFORMATION			
<input type="checkbox"/>	American Indian/Alaskan	<input type="checkbox"/>	Asian/Pacific Islander
<input type="checkbox"/>	Hispanic/Latino	<input type="checkbox"/>	White/Caucasian
<input type="checkbox"/>		<input type="checkbox"/>	Black/African American
<input type="checkbox"/>		<input type="checkbox"/>	Other
HOW DID YOU HEAR OF TEAM 302?			
<input type="checkbox"/>	Returning Member	<input type="checkbox"/>	Student Member
<input type="checkbox"/>	Website	<input type="checkbox"/>	Community Demonstration
<input type="checkbox"/>		<input type="checkbox"/>	Teacher
<input type="checkbox"/>		<input type="checkbox"/>	Other
PARENT SUPPORT			
<i>Team 302's success depends on parent support; this is a volunteer-based activity. Please indicate how you are interested in helping the team.</i>			
<input type="checkbox"/>	Mentor (share your knowledge and experience with students)	<input type="checkbox"/>	Help drive students to and/or from events (must be fingerprinted)
<input type="checkbox"/>	Assist Mentors during Year 1 training program meetings	<input type="checkbox"/>	Other
<input type="checkbox"/>		<input type="checkbox"/>	Coordinate a student activity (e.g., community outreach)
<input type="checkbox"/>		<input type="checkbox"/>	
SIGNATURE			
By signing this application, you commit to the following:			
<ol style="list-style-type: none"> <li>1. <b>Collaboration</b> – work toward what’s best for the total team; <b>T</b>ogether <b>E</b>veryone <b>A</b>chieves <b>M</b>ore</li> <li>2. <b>Integrity</b> – honor the commitments you make (meet deadlines/attend meetings); take responsibility for your actions</li> <li>3. <b>Excellence</b> – strive for greatness; no tradeoffs or short cuts on the road to success</li> <li>4. <b>Agility</b> – fully embrace innovation; be flexible and adaptable to change</li> <li>5. <b>Diversity</b> – celebrate differences in team members; recognize that differences made us stronger</li> <li>6. <b>Involvement</b> – acknowledge that team success is intertwined with the community we belong to</li> </ol>			
Applicant Signature:		Date:	
By signing this application, you give permission for your student(s) to participate in Team 302, and you acknowledge the time and financial requirements to the team. <b>Year One Team dues are \$150 and are due in full by October 15, 2018.</b> *For students who continue onto the 2019 Varsity Team there will be an additional fee of \$200/year/student due in full by January 5, 2019. If your student qualifies for reduced fees, please contact Rosa Everitt at <a href="mailto:Rosa.Everitt@lok12.org">Rosa.Everitt@lok12.org</a> .			
Parent/Guardian Signature:		Date:	



## NEW MEMBER INTEREST SHEET

### APPLICANT INFORMATION

Name: <i>(First/Last)</i>	Student ID:
Date:	Grade:
Did you ever play with LEGOs growing up?	Yes    No
Have you participated in a <i>FIRST</i> LEGO League or <i>FIRST</i> Tech Challenge?	Yes    No
Have you ever taken things apart and put them back together? If yes, describe those items.	Yes    No
Have you done anything at home or at camp with electricity, chemistry, or software programming? If so, describe what.	
What things interest you about science or technology?	
Why are you applying to be on the LOHS Robotics Team?	
What will be the most exciting thing about being a part of the Robotics Team?	
Are your parents urging you to participate?	
What most interests you about being on the Robotics Team?	
What other activities will you participate in outside of Robotics?	
Will you be able to meet on Monday/Wednesday nights from 6:30-9 p.m. in the Fall (Oct-Dec)?	
If you choose to apply to the Varsity Competition Team, following completion of Year 1 Training, will you be able to make it a priority to fully participate & contribute to the team? ( <i>Winter/Spring- Heavy commitment, Summer-Light, Fall-Medium</i> ).	
Would your parent be able to help mentor or assist during team meetings?	
<i>Interviewer(s) Name:</i>	<i>Comments:</i>