

HUB CITY ROBOTICS

CLUB REGISTRATION

**AT THE SPARTANBURG SCIENCE CENTER
LOCATED AT CHAPMAN CULTURAL CENTER**

Club Member's Name: _____

Age as of 9/1/2023 _____ Grade as of 9/1/2023: _____

Parent/Guardian Name: _____

School Attending: _____

Address: _____ City, State, Zip: _____

Email Address: _____

Mobile/Day Phone: _____

Emergency Contact: _____

Allergies: _____



I hereby give approval for my child to participate in Hub City Robotics Club activities during designated club time, and release the Spartanburg Science Center and personnel from any responsibilities for accident or injury resulting from any negligent act of the above child. **I am also allowing for the child to be photographed, but not identified, and used in Science Center materials.**

Parent/Guardian Signature: _____

Date: _____

PLEASE MAIL OR DROP OFF THIS REGISTRATION FORM TO:



Spartanburg Science Center
200 E. St. John Street
Spartanburg, SC 29306
Email to: Mary Levens mlevens@spartanarts.org