



DEPARTMENT OF COMPUTER SCIENCE  
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## Duke RoboCupJunior Application Form

### Spring 2010

**Student Information**

Name: \_\_\_\_\_

School: \_\_\_\_\_

Contact Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Birthdate: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

Grade: \_\_\_\_\_ T-Shirt Size(Adult Sizes): XS  S  M  L  XL

Will you be participating in any activities that may conflict with the RoboCupJunior program? When? \_\_\_\_\_

Completion of the information in this box is *voluntary*. This information is used to determine how well the program serves all segments of the diverse population.

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Individual with Disabilities? Yes \_\_\_ No \_\_\_

Ethnicity: African American \_\_\_ Asian American \_\_\_\_\_ Caucasian \_\_\_\_\_ Latino \_\_\_  
Native American, Tribal Affiliation \_\_\_\_\_ Pacific Islander \_\_\_\_\_ Other \_\_\_\_\_

Please write a short paragraph on why you want to participate in this program:

**Parent/Guardian Information**

Parent or guardian name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Parent or guardian emergency contact phone number: \_\_\_\_\_

Parent or guardian email address: \_\_\_\_\_

I, the parent or guardian of \_\_\_\_\_ give her/him permission to attend the Duke University RoboCupJunior Program.

Print name and relationship: \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_

**Teacher Recommendation**

Teacher name: \_\_\_\_\_

Teacher school: \_\_\_\_\_

Teacher subject(s): \_\_\_\_\_

Teacher phone: \_\_\_\_\_

Teacher email: \_\_\_\_\_

I, the teacher of \_\_\_\_\_ support her/his participation in the Duke RoboCupJunior robotics program. She/He will greatly benefit from the experience.

Comments: