

Robotic System Challenge Registration Form

Please complete this form to register for the Robotic System Engineering Challenge and mail it with a check for your registration fee made payable to *Johns Hopkins University* to:

ERC CISST
C/O Cyndi Ramey
Johns Hopkins University
Suite N418A, Wyman Park Center
3400 N. Charles Street
Baltimore MD 21218

Team Information

1. Member Name _____ Signature _____

2. Member Name _____ Signature _____

3. Member Name _____ Signature _____
Optional

School _____ County of attendance _____

Adult Contact (Teacher or Parent- please indicate)

Name _____ Signature _____

School _____ County _____

Phone _____ Email _____

Please check the box of the challenge you wish to enter. Entering more than 1 challenge is discouraged but allowed. Since the challenges are occurring at the same time, entry into two challenges is the limit. If a team enters 2 challenges they are responsible to have enough equipment and computing capabilities to compete in both challenges.

Challenge 1 Petite Slalom Category 1 Category 2

Challenge 2 Mystery Course

Challenge 3 Innovative Use of the Board of Education

Challenge 4 Surgical Challenge

Will your team want a mentor? _____

If you do please list a phone number the mentor should contact.

Phone number for mentor contact _____

Name of mentor contact person _____