

# 2026 YONKERS PAL SUMMER PALBOTICS PROGRAM REGISTRATION FORM

FULL NAME (PARTICIPANT): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER:    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

PARTICIPANT SCHOOL: \_\_\_\_\_

DATE OF BIRTH:    \_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT NUMBER: \_\_\_\_\_

## PARENT / GUARDIAN'S INFORMATION

PARENT / GUARDIAN'S NAME: \_\_\_\_\_

PARENT / GUARDIAN'S SIGNATURE: \_\_\_\_\_

PARENT / GUARDIAN'S EMAIL: \_\_\_\_\_