

16th Annual Technology Competition Registration/Parent Consent Form

I give permission for my child _____ to be registered for the Fulton County Technology Competition. I understand that my child may be photographed, videotaped, or interviewed for stories/articles promoting the Fulton County Technology Competition and that these stories/articles may appear in newspapers or on television news shows.

**Please check the appropriate boxes to show acknowledgement of your responsibility.
(5 out of 6 boxes below)**

I have reviewed the terms of the Technology Competition on the website with my child and he/she is fully aware of the obligation to be in attendance at the Competition on Saturday, January 28, 2017 at

Centennial High School.

I understand students will be assigned judging times. Those times will be posted on the Competition website **no earlier than January 23, 2017**. Students should plan to check-in at least 20 minutes before the assigned judge time. Your judging room will be available 15 minutes before your judge time (20 minutes for robotics). **If a student should miss the assigned judge time, there is no guarantee that there will be an empty slot, so allow plenty of travel time.**

Individual Programming Challenge Participants (Grades 7 – 12)

Check-in time will be 8:30 a.m. After check in, go to your competition room and be in place by **9 AM**.

The contest problems will be distributed to all students at the same time. You will have 2 hours to complete your project. You may leave after your project is complete, but you **MUST** return for your individual judge time. Please read ALL the information on the competition website.

I am aware and will ensure that my child's project is ready for presentation according to the Technology Competition Guidelines under the Categories link found on the website.

I am aware that there are NO CATEGORY changes made on the day of the competition. Students will be judged in the category for which the liaison registered them.

I will remain at the Competition with my child, (Required for elementary and middle school students only.)

OR

The supervising adult listed below will be supervising my child during the Competition.

Please print name of supervising adult on the day of the competition.

Student Name _____

Fulton County School attended _____

Partner Name _____ **Partner School** _____
(if applicable) (if different)

Grade Level _____ / **Partner Grade Level** _____ **Project Category** _____

Parent Name _____

Parent Signature _____

Parent email Address _____

Telephone Number: _____
(preferably where you can be reached during the competition)

This form should be collected by the school Technology Competition Liaison and stored at the local school level.