



17th PHILIPPINE ROBOTICS OLYMPIAD

REGISTRATION FORM

Name of School: _____

Complete School Address: _____

School Telephone Number: _____ Fax Number: _____

Email Address: _____ School website: _____

Please check:

THEME:} "Sustainabots" Robots for Sustainability

Regular Category: **Elementary** { } Reduce Food Waste ☐ **High School** { } Precision Farming
Senior High { } Food Distribution

College Category: { } Tetrastack

Open Category: **Elementary** { } "Food Matters"
☐ **High School** { }

Robot Soccer: { }

Photo 1 x 1	Complete Name of Students	Grade Level	Birthday	E-mail Address/CP #

Official Coach: _____ Mobile Number: _____

Email Address: _____ Residence Tel. #: _____

PRINCIPAL'S CERTIFICATION

This is to certify that 1) _____, 2) _____, 3) _____
(Name of the Students)

And _____ are the official participants of _____
(Name of Coach) (Name of School)

Of the _____, _____ in the 17th Philippine Robotics Olympiad.
(Elementary/High School Category) (Game Event)

Name of Principal and Signature

PARENTAL CONSENT

This is to allow my son/daughter _____ to join all the activities of
(Name)
the 17th Philippine Robotics Olympiad (Dry-Run, Preliminary & Final Judging) from August - September
2018.

This consent is issued for whatever legal purpose it may serve.

Name of Parent and Signature

Date: _____

MEDICAL CERTIFICATE

This is to certify that _____ sex _____
(Name of the Student) (Male/Female)
_____ years of age, has been examined in this hospital or clinic on _____
and found him/her: [] physically fit to join the 17th PRO
[] not physically fit to join the 17th PRO

REMARKS: _____

Attending Physician Name & Signature
License # _____

CONFORME TO RULES

The _____ official participants,
(Name of School)
coach and principal, read and understood the Basic Rules & Regulations, Game Rules and Criteria for Judging of the 17th Philippine Robotics Olympiad and hereby agree to abide by the rules set by the organizers

Conforme:

Name of Principal & Signature

Name of Coach & Signature

Students Name & Signature:

Please submit the registration form together with a photocopy of Authenticated Birth Certificate on or before **July 27, 2018** to either of the following address:

THE NATIONAL SECRETARIAT

MS. MYLENE ABIVA

Project Director

Felta Multi-Media, Inc.

Felta Multi-Media Center

#18 Notre Dame St., Cubao, Q.C.

Fax #: (02) 438-1755/912-1397

Email add: felta@pltdsl.net

MS. CONI INOCENCIO-PERALTA

PRO Coordinator (coni_25@yahoo.com)

MS. DONNA CRIS C. ERMITANIO

Asst. PRO Coordinator (dc162003@yahoo.com)