



Since 1966

"We Modernize Education"

FELTA Multi Media, Inc.

FELTA Multi Media Center

18 Notre Dame Street, Cubao, Quezon City,
1102 Philippines

Phone: 8912-1397/8911-1978 /Fax: 8911-4103

E-mail: feltamultimediainc@gmail.com

Website: http://www.felta.ph

Mailing: P.O. Box 238 Araneta Center, Cubao, Q. C.



"First in Educational Learning Trend Always"



23rd PHILIPPINE ROBOTICS OLYMPIAD



PHILIPPINES

REGISTRATION FORM

Name of School: _____

Complete School Address: _____

School Telephone Number: _____ Fax Number: _____

Email Address: _____ School website: _____

Please check:

WRO 2024 THEME: "EARTH ALLIES"

Robo Mission Category:

- Elementary School Level-** Sustainable Farming
- Junior High School Level-** Green City
- Senior High School Level-** Force of Nature

Age Group: 8-12 No. of Teams:

Age Group: 11-15 No. of Teams:

Age Group: 14-19 No. of Teams:

Future Engineers Category:

- Self-Driving Cars. Age Group: 14-19 No. of Teams:

Future Innovators Category:

- Elementary School Level** Age Group: 8-12 No. of Teams:
- Junior High School Level** Age Group: 11-15 No. of Teams:
- Senior High School Level** Age Group: 14-19 No. of Teams:

Robo Sports Category:

- Double Tennis** Age Group: 11-19 No. of Teams:

Team Information:

Team Name: (if available) _____ **Category:** _____ **Level:** _____

Photo 1 x 1	Complete Name of Students for Certificate	Birthday	E-mail Address	Contact Number

Name of Official Coach: _____ **Name of Assistant Coach:** _____
Email Address: _____ **Email Address:** _____
Mobile Number: _____ **Mobile Number:** _____

PRINCIPAL'S CERTIFICATION

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

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

Of the _____, _____ in the 23rd Philippine Robotics Olympiad.
(Elementary/Junior HS/Senior HS) *(Category)*

Name of Principal and Signature

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 23rd 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: _____

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PARENTAL CONSENT

This is to allow my son/daughter _____ to join all the activities of
(Name)
the 23rd Philippine Robotics Olympiad (Dry-Run, Preliminary & Final Judging) from August - September 2024.

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

Name of Parent and Signature

Date: _____

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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 23rd PRO

[] not physically fit to join the 23rd PRO

REMARKS: _____

Attending Physician Name & Signature
License # _____

Please submit the registration form together with a photocopy of Authenticated Birth Certificate on or before **May 25, 2024** 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) 89114103
Email add: feltamultimediainc@gmail.com

MS. CONI INOCENCIO-PERALTA

PRO Coordinator (coni_25@yahoo.com)

MS. DONNA CRIS C. ERMITANIO

PRO Coordinator (dc162003@yahoo.com)