

# Out-of-State Registration

Revision 1



## School Information

School Name \_\_\_\_\_ School District \_\_\_\_\_

School Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Homeschool or Community Organization Director Contact Information (Name and Email)

## Mailing Address (if different from school address)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## Special Education Representative Information

Do you have a Special Education teacher available to aid during the season?  Yes  No

Name (First, Last) \_\_\_\_\_ Email \_\_\_\_\_ Phone Number \_\_\_\_\_

## Unified Robotics Coach Information

**i** A Unified Robotics Coach can be a teacher, parent, or adult that supervises the school's Unified Robotics club.

Name (First, Last) \_\_\_\_\_ Email \_\_\_\_\_ Phone Number \_\_\_\_\_

## Unified Robotics Student Representative Information

Name (First, Last) \_\_\_\_\_ Email \_\_\_\_\_ Phone Number \_\_\_\_\_

## School Robotics Team Information

Do you have a *FIRST*® Team that will be participating in Unified Robotics?  Yes  No

Participating *FIRST*® Program:  *FIRST*® Robotics Competition  *FIRST*® Tech Challenge

Team Name \_\_\_\_\_ Team Number \_\_\_\_\_ Email \_\_\_\_\_ *FIRST*® District \_\_\_\_\_

## *FIRST*® Head Coach Information

Name (First, Last) \_\_\_\_\_ Email \_\_\_\_\_

## Unified Robotics Members

Number of Teams Participating \_\_\_\_\_

**i** *A Unified Robotics team consists of at least one athlete and one partner, but no more than 6 total. It is best to have an equal number of athletes and partners in a team.*

Number of Athletes \_\_\_\_\_

**i** *An **athlete** is a student in the special education population.*

Number of Partners \_\_\_\_\_

**i** *A **partner** is a student in the general education population.*

Grade Range of Participants  Post-High School  Grades 9-12  Grades 6-8  Grades K-5

## Season Information

Unified Robotics Season Timeline \_\_\_\_\_  
Start (DD/MM/YYYY) End (DD/MM/YYYY)

Championship Date \_\_\_\_\_  
(DD/MM/YYYY)

## Special Olympics Affiliation

Is your team or school in collaboration with a local Special Olympics branch?  Yes  No

Branch Location \_\_\_\_\_ Contact Name \_\_\_\_\_ Position \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

## Materials

How many Kits do you have? \_\_\_\_\_ How many Laptops do you have? \_\_\_\_\_

## Demographic Information (optional)

**i** *We are collecting demographic information to track the progress of Unified Robotics, the populations that participate, and to learn how to better serve our communities. This information will remain confidential.*

How many of your participants describe themselves as:

\_\_\_\_\_ Native Hawaiian or Pacific Islander \_\_\_\_\_ American Indian or Alaska Native  
\_\_\_\_\_ Asian \_\_\_\_\_ African-American or Black  
\_\_\_\_\_ Hispanic, Latino, or of Spanish origin \_\_\_\_\_ White, or of European, Middle-Eastern,  
or North African origin

How many of your participants identify as:

\_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Other

**⚠** If any section of this form changes throughout the season, please email any changes to Noelle Foster at [nfoster@unifiedrobotics.org](mailto:nfoster@unifiedrobotics.org).