



**CHALLENGER**  
space center  
ARIZONA

# Challenger Camp Registration Form – 2017/18

Please fill out one registration form per camper

**NOTE:** Both the **registration** and **medical information** must be completed and submitted along with payment for your child to attend. Filling out this form does **not** guarantee your child a place in the program. Your **confirmation letter** is your guarantee of a reservation. Please complete a separate form for each child.

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Male** **Female**

**Parent's Names:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_) \_\_\_\_\_ **Work Phone:** (\_\_\_\_) \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_ **Grade (in 2017-18):** \_\_\_\_\_

**\*\*I give my permission for my child's photo to be used for publicity.  Yes  No**

**Please note and initial the following five items:**

1.  Students attending must bring a sack lunch everyday.
2.  Photo ID will be required for drop off and pick up of all students.
3.  There will be a \$5 fee per five minutes early/late drop-off/ pick up.
4.  Due to the popularity of these programs and the limited space, cancellation refunds are NOT available.
5.  The AZ Challenger will not accept responsibility for lost, stolen or damaged electronic devices; including but not limited to phones, tablets or game consoles.

**Will the camper have siblings also attending this camp?** \_\_\_\_\_

**If yes, what are their names?**

\_\_\_\_\_

**Emergency Contact/Release Information**

*In the case of an emergency, please list the individual(s) whom you wish to be contacted if the Challenger Space Center is unable to contact you at the numbers listed above.*

**Name**

**Relationship to Student**

**Phone Number(s)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*If you are planning for someone other than yourself to pick up your child, please list name(s) here (THEY MUST PRESENT ID WHEN PICKING UP YOUR CHILD)**

★
★
★

**Medical Information**

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Insurance Provider: \_\_\_\_\_

**\*\*Please list below any important medical conditions, allergies, and/or medications that Challenger Space Center needs to know about your child. Challenger Space Center will not administer medications to children. *Occasionally science experiments will use food. Please be sure to list any food allergies such as wheat, nuts, etc.:***

**\*\*Emergency Release Statement**

*In the event of an emergency, if the Challenger Space Center staff is unable to contact me or an emergency contact listed above, I, \_\_\_\_\_ authorize the Challenger Space Center to reasonably act on my behalf concerning my child, \_\_\_\_\_.*

\_\_\_\_\_ In accordance with the Federal Electronic Signature Act, The Arizona Challenger Space Center is requesting the last four digits of the Parent/Guardian's Social Security Number. By providing this information; I, the parent/guardian verifies authority to register and act on behalf of the child listed on this form.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Last 4 digits of the Parent/Guardian's Social Security Number :** \_\_\_\_\_