



CHALLENGER
space center
ARIZONA

Adventures in Space Summer Camp 2008 Registration Form

Please fill out one registration form per camper

NOTE: Both the registration and medical information must be completed and submitted along with payment for sessions you wish your child to attend. Filling out this form does not guarantee your child a place in one of our Summer Adventures in Space. Your confirmation letter is your guarantee of a reservation.

Student Name: _____ Date of Birth: _____ Male Female
 School: _____ Grade (in 08-09): _____ Age: _____
 Parent's Names: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____
 Fax: (____) _____ Email: _____

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

Please choose one of the following Adventures:

- Astro-Tots** (Kdg-Grade 1) Cost: \$110/\$220 Date(s): _____
 9:00am - 12:00pm and/or 1:00pm - 4:00pm
- Mercury** (Grades 2-3) Cost: \$110/\$220 Date(s): _____
 9:00am - 12:00pm and/or 1:00pm - 4:00pm
- Gemini** (Grades 4-5) Cost: \$110/\$220 Date(s): _____
 9:00am - 12:00pm and/or 1:00pm - 4:00pm

Apollo (Grades 6-8) **Please specify weeks below** Cost: \$250

- Young Inventors: June 9-13 Green Science: July 7-11
- Girls Only Week: June 23-27 Young Inventors: July 21-25

Free Shirt Size: Child S M L XL **Extra Shirt (\$9) \$ _____
 (Please Circle) Adult S M L XL **Total Payment: \$ _____

Please note and initial the following four items:

1. _____ Students attending full day camps must bring a sack lunch.
2. _____ Photo ID will be required for drop off and pick up of all students.
3. _____ There will be a \$10 fee per ½ hour charged for late pick up.
4. _____ Due to the popularity of these classes and the limited space, cancellation refunds are not available.

****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.

<u>Name</u>	<u>Relationship to Student</u>	<u>Phone Number(s)</u>
_____	_____	_____
_____	_____	_____

****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 the Challenger Space Center needs to know about your child.**

****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, _____.

****Parent/Guardian Signature:** _____ **Date:** _____

Challenger Space Center
 Attn: Camp Registration
 21170 N. 83rd Avenue, Peoria, AZ 85382
 Phone: 623-322-2001 Fax: 623-322-2047
www.azchallenger.org

Check payable to Challenger Space Center or Credit Card (receipt will be mailed).
 Credit Card Acct # _____
 Exp. Date _____ Name on Card _____
 Signature: _____ Date: _____