



# Adventures in Space Summer Camp 2010 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 10-11): \_\_\_\_\_ 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 week(s) below Cost: \$250  
 Science of Sci-Fi Movies: Jun 21-25  Science of Sci-Fi Movies: Jul 12-16  
 Lights! Camera! Action!: Jun 28-Jul 2  Lights! Camera! Action!: Jul 19-23

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

### 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.

**\*TOTAL PAYMENT \$** \_\_\_\_\_

### \*\*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: _____