

# Girl Scout Brownies

## REGISTRATION FORM

### CHOOSE YOUR SESSION DATE & TIME

#### Space Explorer Try-It

_____ November 14, 2009	1:00-3:15 pm	\$15
_____ February 27, 2010	10:00 am - 12:15 pm	\$15
_____ April 17, 2010	1:00 - 3:15 pm	\$15

#### Earth & Sky Try-It

_____ November 14, 2009	10:00 am - 12:15 pm	\$15
_____ February 27, 2010	1:00 - 3:15 pm	\$15
_____ April 17, 2010	10:00 am - 12:15 pm	\$15

### GIRL SCOUT INFORMATION

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Camper's grade in August 2009: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent/Guardian: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

**In case of emergency, take my child to: (circle one)**

Lourdes Hospital      or      Western Baptist Hospital

### WAIVER AND RELEASE

**(this section must be signed in order to confirm registration)**

Acknowledging that participation in activities carries with it a risk of physical injury, I agree that the Challenger Learning Center, its agents and employees shall not be liable to me or my child for any injury or damage, howsoever caused, resulting directly or indirectly from my child's participation in the Challenger Learning Center Girl Scout program at any time preceding, during or after the session and I hereby discharge Challenger Learning Center, its agents and employees from all actions, claims, and demands I or my child may have for any such injury or damage.

The Challenger Learning Center reserves the right to dismiss any Girl Scout deemed detrimental to the session. We do not tolerate violent behavior or loud and abusive language directed at instructors or at fellow Girl Scouts. Parents will be held liable for damage to Challenger Learning Center property caused by the reckless behavior of their child. No refunds or deductions of session fees will be made for late arrivals or early departures.

I agree to notify the Challenger Learning Center of any changes in my child's physical or mental health between the dates of enrollment and the start of the session. I hereby consent and authorize the administration of all medical treatments advisable or necessary under the judgment of the Challenger Learning Center staff, emergency room physicians or any other clinical physicians with the understanding that I will be notified as soon as possible.

*Signing below acknowledges agreement to the above waiver and release.*

**X**

Signature

Date

### TROOP INFORMATION

Leader: \_\_\_\_\_ Troop #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### PAYMENT INFORMATION

Session Fee \$ 15.00

Number of Sessions X \_\_\_\_\_

Total Due = \$ \_\_\_\_\_

### PAYMENT OPTIONS

Check (Payable to **Challenger Learning Center**)

Credit Card:  Visa  MasterCard  Discover

Card No. \_\_\_\_\_

Name on Card \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

### CONFIRMATION PACKET

Once this form and payment have been processed, you will receive a confirmation packet within 7-10 days. Packet will be mailed to troop leader address.

### CANCELLATION POLICY

- A full refund will be given if cancellation is received 15 days prior to session date. After the 15 day mark tuition fee is non refundable.
- There is no refund for scouts that register and do not attend the program.
- Scouts that register and do not attend the program or do not participate will not receive a badge.

**Mail To:** Challenger Learning Center  
PO Box 7380  
Paducah, KY 42002

**Fax To:** (270) 534-6385  
*(only if paying by credit card)*

**Questions:** (270) 534-3101  
*(phone registration only if paying by credit card)*

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