

CLUB CHALLENGER - A

Membership Form - Fall 2010

Meets: SEP 16, OCT 14, NOV 4 and DEC 9

CLUB MEMBER INFORMATION

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Gender: _____

Current Grade (must be in 3rd-5th grade): _____

PARENT/GUARDIAN INFORMATION

1st Parent/Guardian: _____

Home/Cell Telephone: _____

2nd Parent/Guardian: _____

Home/Cell Telephone: _____

EMERGENCY CONTACT INFORMATION

In case of an emergency, we will contact the 1st & 2nd Parent/Guardians listed above. If neither are available, who should we contact?

Name: _____

Home/Cell Number: _____

Relationship to Camper: _____

WAIVER AND RELEASE/CONSENT FOR MEDICAL CARE

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 Club Challenger at any time preceding, during or after Club Challenger is in 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 club member deemed detrimental to Club Challenger. We do not tolerate violent behavior or loud and abusive language directed at instructors or at fellow campers. 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 membership fees will be made for late arrivals or early departures.

I do authorize that my child is fully able to participate in all Challenger Learning Center activities without need of individual or specialized attention or medical regimen. 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 Club Challenger as well as during. 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.

Should your child need emergency care, which hospital do you prefer:

WESTERN BAPTIST LOURDES EITHER

X

Signature

Date

PAYMENT INFORMATION

Membership Fee \$45 *(Due at time of registration/non-refundable.)*

PAYMENT OPTIONS

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

Credit Card: Visa MasterCard Discover

Card No. _____

Name on Card _____

Exp. Date _____

Signature _____

CANCELLATION POLICY

- Membership fee is non-refundable.
- Club Member must attend assigned dates.
- No trading between Club A and Club B dates.

PHOTO & VIDEO AUTHORIZATION

Students who visit the Challenger Learning Center often have the opportunity be highlighted by the media. The Challenger Learning Center staff at times will also take photographs of students during simulated missions and other activities to use in marketing material and on our website. Names are withheld. *Please circle the appropriate response and sign below.*

The Challenger Learning Center:

DOES or DOES NOT

have permission to use the photographic likeness or video footage of my child as set out above.

X

Parent/Guardian Signature _____

Date _____

CLUB CHALLENGER GUIDELINES

(VERY IMPORTANT: Club member and their parent must sign.)

Club Challenger members are expected to:

- Respect and follow the directions of counselors, instructors and other supervisors.
- Avoid profanity, pranks, racial slurs and practical jokes.
- Avoid exploring equipment or potentially dangerous areas.

As a Club Challenger member, I agree to follow the above guidelines and use common sense and good judgment regarding my behavior during my time at the Challenger Learning Center.

X

CLUB MEMBER Signature _____

Date _____

X

PARENT/GUARDIAN Signature _____

Date _____

A confirmation letter will be mailed once this form has been processed.

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

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

Questions: (270) 534-3101