

Girl Scout Juniors

REGISTRATION FORM

CHOOSE YOUR SESSION DATE & TIME

Space Traveler DAY EVENTS

_____ December 5, 2009	9:00 am - 2:30 pm	\$23
_____ March 20, 2010	9:00 am - 2:30 pm	\$23
_____ May 15, 2010	9:00 am - 2:30 pm	\$23

Space Traveler OVER NIGHT EVENT

_____ April 30 - May 1, 2010	7:00 pm - 10:30 am	\$37
Adult Fee		\$10

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.



Signature

Date

TROOP INFORMATION

Leader: _____ Troop #: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____

Cell Phone: _____

PAYMENT INFORMATION

Session Fee \$ _____

Adult Fee (*only for overnight event*) + \$ _____

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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