

1. I am registering as an: individual Girl Scout with my Girl Scout troop # _____ *(each girl must complete a form)*

2. SCOUT INFORMATION

Scout's Name _____ Home Phone _____
 Address _____ Apt. _____ City _____ State _____ Zip _____
 Parent/Legal Guardian _____ Home Phone _____ Work Phone _____
 Cell Phone _____
 Scout's grade in September 2008 _____ School Currently Attending _____

3. TROOP INFORMATION

Troop Leader _____ Troop Number _____ Telephone Number _____
 Address: _____ City: _____ State: _____ Zip: _____
 Troop Leader E-Mail: _____

4. SPACE TRAVELER SESSION

<p>Shagbark Troops Only</p> <p>July 19, 2008 9:00 am - 2:30 pm \$23 per scout</p>	<p>Bear Creek Troops Only</p> <p>July 24, 2008 9:00 am - 2:30 pm \$23 per scout</p>
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5. PAYMENT SCHEDULE

- Registration is on a first come, first serve basis.
- Payment must be received with registration form to guarantee reservation.
- Cancellation Policy:** Full refund will be given if cancellation is received 15 days prior to start of session. After 15 day point, the session fees are non-refundable.

_____ Check/Money Order
 (made payable to Challenger Learning Center)
 _____ Visa/MasterCard

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Session Fee \$ _____
 Adult Fee \$ _____
 Total Cost \$ _____

 Name on Card _____ Expiration Date _____

 Signature

6. WAIVER AND RELEASE

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 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 scout deemed detrimental to the session. We do not tolerate violent behavior or loud and abusive language directed at instructors or at fellow scouts. Parents will be held liable for damage to 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.

MEDICAL RELEASE

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 both releases listed above.*

Parent/Guardian Signature _____ Date _____

In case of an emergency, please take my child to: LOURDES or WESTERN BAPTIST

OFFICE USE ONLY

Check # _____