

**GENESIS 1**  
**SPACE**  
**PROBE**  
**Registration Form**

T-Shirt Size

1) Name \_\_\_\_\_ Age \_\_\_\_\_ Grade completed \_\_\_\_\_ Birthdate \_\_\_\_\_  
 2) Name \_\_\_\_\_ Age \_\_\_\_\_ Grade completed \_\_\_\_\_ Birthdate \_\_\_\_\_  
 3) Name \_\_\_\_\_ Age \_\_\_\_\_ Grade completed \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Regularly attend church? \_\_\_\_\_ Where? \_\_\_\_\_  
 Parent(s)/Guardian(s) \_\_\_\_\_ Phone (hm) \_\_\_\_\_ Phone (wk) \_\_\_\_\_  
 Emergency Contact (other than parent) \_\_\_\_\_ Emer. Phone \_\_\_\_\_  
 Parent's Signature \_\_\_\_\_ Invited by \_\_\_\_\_ (over)

**Office Use Only**

Team Color \_\_\_\_\_ Squadron \_\_\_\_\_ Squadron Teacher \_\_\_\_\_ Stardate \_\_\_\_\_

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## Medical Release

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Name	Known Conditions	Allergies	Add'l Info.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In case of a medical emergency\*, I hereby give my permission to the physician selected by the Space Probe Director(s) to secure proper treatment and/or hospitalization for child(ren), \_\_\_\_\_

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_

**\*The Space Probe Director(s) will make every attempt to reach the parent/legal guardian listed, or the emergency contact given on your registration form.**

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