



## 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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