

SPACE QUEST 2012

Cosmic Constellations

Rising Kindergarten - 1st graders

CAMPER INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Date of Birth: _____ Gender: _____

Grade in August 2012: _____

CHOOSE ONE TIME SLOT BELOW

CLOSED 9:00-11:00 am

June 29, 2012

12:30-2:30 pm

June 29, 2012

PAYMENT INFORMATION

Tuition Fee **\$15** \$ _____

Lunch (optional) \$ _____ N/A

(menu at www.clcpaducah.org)

Camp T-shirt (optional) **\$12.72** \$ _____

Deadline to order t-shirt is May 4, 2012.

**Deadline to order
has passed.**

TOTAL AMOUNT DUE \$ _____

Place an "X" under the size you would like to order.

(T-shirt design is the same for all camps.)

Kids	Kids	Kids	Kids	Adult	Adult	Adult	Adult
2-4	6-8	10-12	14-16	SM	MD	LG	XL

PAYMENT OPTIONS

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

Credit Card: Visa Mastercard Discover

Card No. _____

Name on Card _____ Exp Date _____

Signature _____

CONFIRMATION PACKET

After registration has been processed, a confirmation packet will be mailed within 7-10 days.

CANCELLATION POLICY

- A full refund will be given if cancellation is received 30 days prior to start of camp date you choose.
- After the 30 day mark, only half of registration fee will be refunded.
- If your child is sick and cannot attend camp, a doctors note must be provided for a full refund.
- Refunds will be mailed within 30 days of cancellation date.

PARENT/GUARDIAN INFORMATION

1st Parent/Guardian: _____

Cell Phone: _____

Place of Employment: _____

Work Telephone: _____

E-mail: _____

2nd Parent/Guardian: _____

Cell Phone: _____

Place of Employment: _____

Work Telephone: _____

E-mail: _____

EMERGENCY CONTACT INFORMATION

In case of emergency, we will contact parent/guardian listed above. If neither are available, who should we contact?

Name: _____

Phone: _____

Relationship to Camper: _____

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, however caused, resulting directly or indirectly from my child's participation in the Challenger Learning Center Space Quest at any time preceding, during or after camp 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 camper deemed detrimental to the camp. 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 camp fees will be made for late arrivals or early departures.

X

Parent/Guardian Signature _____

Date _____

Print Medical/Authorization form and submit with this form.

RCV'D