

Name	DOB	Current Grade	Troop No.
Address	City	State	Zip
Home Phone	Family E-Mail Address		
1st Parent/Guardian	Relationship	Cell Phone	Work Phone/Employer
2nd Parent/Guardian	Relationship	Cell Phone	Work Phone/Employer
Troop Leader	Cell Phone	E-mail	

### PROGRAM

**\*\*Troop Adult/Scout Ratio - Please bring only 2 adults for every 16 Juniors.**

✓	NAME OF PROGRAM	FEE	DATE	FEES DUE
	SPACE TRAVELER - OVERNIGHT EVENT	<b>\$40</b>	APRIL 28-29   7PM-10:30AM	
	ADULT FEE	<b>\$15</b>	APRIL 28-29   7PM-10:30AM	
<b>FEES ARE NON-REFUNDABLE 15 DAYS PRIOR TO EVENT.</b>				<b>TOTAL AMOUNT DUE</b>

### PAYMENT OPTIONS

Visa    Mastercard    Discover    AMEX

Check (payable to CLC)

Card Number \_\_\_\_\_

Name \_\_\_\_\_ Exp. Date \_\_\_\_\_

CVV \_\_\_\_\_ Zip Code \_\_\_\_\_

### MEDICAL HISTORY

**Please check all that apply regarding child's medical history.**

Asthma  
 Seizures  
 Diabetes  
 Nuts  
 Red Dye  
 Behavior

Does child use/wear any medical appliances?    No    Yes

*If yes, please explain:*

\_\_\_\_\_

Is there anything else in child's medical history that our staff should know about?    No    Yes

*If yes, please explain:*

\_\_\_\_\_

**PHOTO & VIDEO AUTHORIZATION** | The Challenger Learning Center staff at times will take photographs of students during programs to use in marketing material and on our website. Names are withheld. The Challenger Learning Center has permission to use the photographic likeness or video footage of my child as set out above.    **If no, check here.**

#### WAIVER & RELEASE/CONSENT FOR MEDICAL CARE/PROGRAM GUIDELINES

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 programs at any time preceding, during or after programs are 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 participant deemed detrimental to the program. We do not tolerate violent behavior or loud and abusive language directed at instructors or at fellow students. 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 membership fees will be made for late arrivals or early departures. I do authorize that my child is fully able to participate in all Challenger Learning Center activities without need of individual or specialized attention or medical regimen. 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 programs as well as during. 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. Students are expected to respect and follow the directions of counselors, instructors and other supervisors. Avoid profanity, pranks, racial slurs and practical jokes. Avoid exploring equipment or potentially dangerous areas. As a participant, I agree to follow the above guidelines and use common sense and good judgment regarding my behavior during my time at the Challenger Learning Center.

*I have read and fully understand all terms as stated above.*

**X**

Parent/Guardian Signature \_\_\_\_\_

**AFTER THIS FORM HAS BEEN PROCESSED, A RECEIPT WILL BE MAILED WITHIN 7-10 DAYS.**

**Mail to:** Challenger Learning Center  
 PO Box 7380  
 Paducah, KY 42002

**Fax to:** (270) 534-6385 *(credit card payment only)*

**Questions?**  
 (270) 534-3101