

TARC 2007 Add/Drop Form

This form is to be completed and signed by the supervising teacher or adult and must be faxed to 703-358-1133 or mailed. If adding a student, he or she must have a signed Parent Consent Form accompany this Add/Drop Form.

Team Number: _____

School or Organization Name: _____

Supervising Teacher/Adult: _____

Addition(s):

Make sure that there is a parent consent form included for each of the students listed below.

As the supervising teacher/adult, I would like to add the following team member(s) to my team:

- | | | | | | |
|-----------|-------|--------|-------|--------|-------|
| 1. Name: | _____ | Grade: | _____ | Email: | _____ |
| 2. Name: | _____ | Grade: | _____ | Email: | _____ |
| 3. Name: | _____ | Grade: | _____ | Email: | _____ |
| 4. Name: | _____ | Grade: | _____ | Email: | _____ |
| 5. Name: | _____ | Grade: | _____ | Email: | _____ |
| 6. Name: | _____ | Grade: | _____ | Email: | _____ |
| 7. Name: | _____ | Grade: | _____ | Email: | _____ |
| 8. Name: | _____ | Grade: | _____ | Email: | _____ |
| 9. Name: | _____ | Grade: | _____ | Email: | _____ |
| 10. Name: | _____ | Grade: | _____ | Email: | _____ |

Deletion:

As the supervising teacher/adult, I would like to delete the following team member(s) from my team:

- | | | | |
|----------|-------|-----------|-------|
| 1. Name: | _____ | 6. Name: | _____ |
| 2. Name: | _____ | 7. Name: | _____ |
| 3. Name: | _____ | 8. Name: | _____ |
| 4. Name: | _____ | 9. Name: | _____ |
| 5. Name: | _____ | 10. Name: | _____ |

By signing this form, I agree that the changes above will be made to the listed team number.

Signature: _____

Date: _____

TARC 2007 Parent/Guardian Consent & Release Form

A form must be completed for each student participant. Application will not be processed without receipt of all students' Parent/Guardian Consent Forms. It must be typed, or printed legibly. This section is to be completed and signed by a Parent or Guardian. If the student is 18 years of age or over they should complete and sign the form themselves.

I authorize my child (Full Name of Child), _____
to participate in the Team America Rocketry Challenge.

He/She attends _____ (school)

I certify that my son/daughter is in _____ grade and is _____ years old.

I hereby release Aerospace Industries Association and/or National Association of Rocketry and their respective member companies, affiliates, Board of Governors/Trustees, licensees and assigns from all claims, demands, liabilities, damages, costs and expenses that I may now or hereafter have against Aerospace Industries Association and/or National Association of Rocketry arising in connection with student's participation in the Team America Rocketry Challenge.

I hereby grant to Aerospace Industries Association of America, Inc. and/or the National Association of Rocketry the right to photograph and/or videotape and use the videotape and/or photograph of the below named student during participation in any events related to the Team America Rocketry Challenge and the right to use this media without further compensation to me or student or any limitation whatsoever.

Parent/Guardian Name: _____

Signature: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Day: _____ Evening: _____ Mobile: _____

Email: _____

Supervising Teacher/Adult: _____

Organization/SchoolName: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____