TARC 2010 Add/Drop Form

This form is to be completed and <u>signed</u> by the supervising teacher or adult and must be faxed to 703-358-1133 <u>or</u> 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 parei	nt consent form included fo	or each of the students listed below.
As the supervising teacher/adu	ılt, I would like to add the f	Following team member(s) to my team:
1 0		., .
		Email:
		Email:
		Email:
4. Name:	Grade:	Email:
5. Name:	Grade:	_ Email:
6. Name:	Grade:	Email:
		_ Email:
		Email:
		Email:
		Email:
Deletion:		
As the supervising teacher/adu	lt, I would like to delete th	e following team member(s) from my
team:		
1 Nama	4	Nama
 Name: Name: 		5. Name:
3. Name:		S. Name:
4. Name:		Name:
5. Name:		0. Name:
By signing this form, I agree th	hat the changes above will	be made to the listed team number.
Signature:		Date:

TARC 2010 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 <u>signed</u> 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 the respective member companies, affiliates, Board of Governors/Trustees, licensees and assigns from claims, demands, liabilities, damages, costs and expenses that I may now or hereafter have again Aerospace Industries Association and/or National Association of Rocketry arising in connection we student's participation in the Team America Rocketry Challenge.	all nst
I hereby grant to Aerospace Industries Association of America, Inc. and/or the National Associate of Rocketry the right to photograph and/or videotape and use the videotape and/or photograph of below named student during participation in any events related to the Team America Rocket Challenge and the right to use this media without further compensation to me or student or a limitation whatsoever.	the try
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:	