TARC 2011 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.

Геат Number:		
School or Organization Name:		
Supervising Teacher/Adult:		
Addition(s):		
Make sure that there is a paren	t consent form included fo	or each of the students listed below.
As the supervising teacher/adul	t I would like to add the t	following team member(s) to my team:
As the supervising teacher/addi	it, I would like to add the I	to my team.
1. Name:	Grade:	Email:
<u>Deletion:</u>		
As the supervising teacher/adul	t, I would like to delete th	e following team member(s) from my
eam:		
1 Name:	6	5. Name:
 Name: Name: 		7. Name:
3. Name:		3. Name:
4. Name:		D. Name:
5. Name:	<u> </u>	0. Name:
By signing this form, I agree th	at the changes above will	be made to the listed team number.
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Signature:		Date:

TARC 2011 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 to participate in the Team America Rock	e of Child),eketry Challenge.			
He/She attends	(school)			
I certify that my son/daughter is in	grade and is years old.			
respective member companies, affiliates claims, demands, liabilities, damages, c	Association and/or National Association of Rocketry as, Board of Governors/Trustees, licensees and assigns a costs and expenses that I may now or hereafter have or National Association of Rocketry arising in connection Rocketry Challenge.	from all against		
of Rocketry the right to photograph and below named student during participat	Association of America, Inc. and/or the National Association of America, Inc. and/or the National Association videotape and use the videotape and/or photograpation in any events related to the Team America Redia without further compensation to me or student	h of the Rocketry		
Parent/Guardian Name:				
Signature:				
Address 1:				
Address 2:				
City:	State: Zip:			
Day: Evening:	Mobile:			
Email:				
Supervising Teacher/Adult:				
Organization/SchoolName:				
Address 1:				
City:	State: Zip:			