TARC 2015 Mail-In Registration Packet



Read the Contest Rules at <u>www.rocketcontest.org</u> before you begin. UNLESS OTHERWISE SPECIFIED, INFORMATION REQUESTED ON THE REGISTRATION IS REQUIRED.

The Team America Rocketry Challenge is open to the first 1,000 teams that submit a completed registration, including payment. This year TARC is offering an online registration option. To use this option, simply go to rocketcontest.org, click on the TARC portal, and follow the instructions. We encourage you to use this option. Use of the TARC portal will enable immediate feedback concerning your registration and avoid the delays associated with processing a paper registration.

Mailed registrations must be **postmarked no later than December 12, 2014**. Teams must be made up of a minimum of 3 and no more than 10 students who are currently enrolled in grades 7 through 12 in U.S. schools. Team registrations must come from a single school, home school association, or U.S. incorporated non-profit youth organization (excluding National Association of Rocketry, Tripoli Rocketry Association, or any other rocketry organization). Teams may have members from other schools or other organizations.

Our primary communication with teams is via email. It is your responsibility to provide us with as many valid email addresses as possible to ensure you receive information in a timely manner. Each registered team is required to designate both an adult team adviser and a Student Program Manager for all TARC communications. These people will serve as the main points of contact should any administrative issues arise.

The official electronic forum (NARTARC Forum) for exchanging information with teams and NAR mentors is located at http://groups.yahoo.com/group/NARTARC/ and requires a Yahoo email address (www.yahoo.com/group/NARTARC/ (www.yahoo.com/group/NARTARC/ (www.yahoo.com/group/NARTARC/ (www.yahoo.com/group/NAR

The \$125 registration fee **MUST** be included with the payment form and can only be paid by check, money order, VISA, MasterCard, or America Express. **We DO NOT accept purchase orders or issue invoices**.

Complete one registration per team and mail in a 9 X 12 envelope (*please do not fold documents*). If you have more than one team, please mail all team registrations together in one envelope. **Incomplete or illegible registrations will not be processed and will be returned**. This year's mail-in registration is equipped with the capability to electronically enter information directly into the PDF formatted registration forms. **We strongly recommend** you utilize this feature to avoid delays in processing illegible registrations.

After your application is processed, your team will receive a confirmation email with important information. If you do not receive a registration confirmation email within a week of submitting your application, please check your spam filter and then email us at <u>rocketcontest@aia-aerospace.org</u>.

Mail your registration to:

Aerospace Industries Association Attn: Team America Rocketry Challenge 1000 Wilson Boulevard, Suite 1700 Arlington, Virginia 22209

* All sales are final. You will be responsible for all charges incurred, including payment for any goods and/or services. If you are under 18 years old, you may participate only with the approval of a parent or guardian.

** The Supervising Teacher/Adult must complete and sign the teacher/adult agreement form stating that they understand the students are responsible for the creation, design, and flight of the rocket without the assistance of any other adult, teacher, or non-member of the team.

*** AIA will not accept copies or faxes of the registration. Please make a copy of your registration for your records. Registration must be postmarked by December 12, 2014.

**** The Aerospace Industries Association reserves the right to make all last and final contest determinations.

TARC 2015 Supervising Teacher/Adult Registration Checklist

To ensure your registration is processed as quickly as possible, complete and sign this sheet.

The registration is legible and complete. Note: Illegible and incomplete registrations will not be processed, will be returned to you, and may jeopardize your chances of participating in this year's competition.

All information submitted is true to the best of my knowledge.

I have read and understand the rules and the Frequently Asked Questions posted at <u>www.rocketcontest.org</u>.

The Supervising Teacher/Adult Agreement Form is completely filled out and is signed.

A Parent Consent Form for <u>each</u> team member is attached.

A check or money order for \$125 payable to <u>Aerospace Industries Association</u> is attached to the payment form or, if paying by credit card, the appropriate box is checked and a correct email address is provided.

I have made and retained a copy of all the registration forms (Registration Checklist, Payment Form, Copy of General Information, Team Member Information, Supervising Teacher/Adult Agreement Form, and the Parent Consent Forms) for my records.

The checklist is completed and signed.

Supervising Teacher/Adult Name (printed): _____

Signature:_____ Date: _____

IMPORTANT: THE FORMS MUST BE ARRANGED IN THE FOLLOWING ORDER

Registration Checklist General Information Form Team Member Information Form Payment Form Supervising Teacher/Adult Agreement Form Parent Consent Forms

MAIL THEM IN A 9" X 12" ENVELOPE TO: (*if you have multiple teams, please mail all registrations in one envelope*)

AEROSPACE INDUSTRIES ASSOCIATION ATTN: TEAM AMERICA ROCKETRY CHALLENGE 1000 WILSON BLVD., SUITE 1700 ARLINGTON, VA 22209

TARC 2015 General Team Information

School or Organization Information

Tell us a little bit about the school or organization that your team represents.

School or Organization:	J	, ,		
Address 1:				
Address 2:				
City:				
State:				
Zip:				
Supervising Teacher/Adu Please fill out the following		vesome adult supervi	sor for your tear	n.
First Name:		Last Name:		
Phone Number (with area c	ode):			
Mobile Phone Number (with	n area code):			
Primary Email:		Alternate Emai	l:	
Team Information: Tell us Team Name:	a little about your team	Team Email:		
Do you have a mentor?	Yes	No, but we want or	ne	No, and do not want one
If you want a mentor, what kind? (check all that apply)	Rocketry Expert	Aerospace Industry		Other
Do you have a team Websit facebook, blog, instagram? <i>Have any of the above? We</i> Tell us a unique fact about y <i>We use these facts to help f</i>	want to know!			
about your team.				
How did you hear about TAI	RC?			
Check years your school/organization has competed in Check years your school/organization has TARC.			-	
No. We are competing for the			-	ere this year!
How did you hear about TAI Check years your school/organ TARC.	nization has competed in	finals.	r school/organiza e hope to be the 2008 2007 2006 2005 2004 2003	-

TARC 2015 Team Member Information (3 minimum, 10 maximum)

Team Member 1 Student Program Manager/Team Captain				
Name:		Email:		
Grade:		Age:		
Gender (optional): Male Female or (fill in the blank)		Home Zip Code:		
Ethnicity (optional):	White	African American Hispanic		
	Asian	Pacific Islander	American Indian	
Is the student affiliated with or a member of any of the following:	National Association of Rocketry	4-H	Boy Scouts of America (including Venturing)	
	Girl Scouts of the USA	Civil Air Patrol		
Please have TAR career opportur	•	nation about scholarships,	internships, and other	
Team Member 2				
Name:		Email:		
Grade:		Age:		
Gender (optional): Male Female or (fill in the blank)		Home Zip Code:		
Ethnicity (optional):	White	African American	Hispanic	
	Asian	Pacific Islander	American Indian	
Is the student affiliated with or a member of any of the following:	National Association of Rocketry	4-H	Boy Scouts of America (including Venturing)	
	Girl Scouts of the USA	Civil Air Patrol		
Please have TARC sponsors send me information about scholarships, internships, and other career opportunities				
Team Member 3				
Name:		Email:		
Grade:		Age:		
Gender (optional): Male Female or (fill in the blank)		Home Zip Code:		
Ethnicity (optional):	White	African American	Hispanic	
	Asian	Pacific Islander	American Indian	
Is the student affiliated with or a member of any of the following:	National Association of Rocketry	4-H	Boy Scouts of America (including Venturing)	
	Girl Scouts of the USA	Civil Air Patrol		
Please have TARC sponsors send me information about scholarships, internships, and other career opportunities				

TARC 2015 Team Member Information Continued					
Team Member 4					
Name:		Email:	Email:		
Grade:		Age:			
Gender (optional): or (fill in the	Male Female blank)	Home Zip Code:			
Ethnicity (optional):	White	African American	Hispanic		
	Asian	Pacific Islander	American Indian		
Is the student affiliated with or a member of any of the following:	National Association of Rocketry	4-H	Boy Scouts of America (including Venturing)		
	Girl Scouts of the USA	Civil Air Patrol			
Please have TAF career opportur	RC sponsors send me inforn	nation about scholarships, i	nternships, and other		
Team Member 5					
Name:		Email:			
Grade:		Age:			
Gender (optional): or (fill in the	Male Female blank)	Home Zip Code:			
Ethnicity (optional):	White	African American	Hispanic		
	Asian	Pacific Islander	American Indian		
Is the student affiliated with or a member of any of the following:	National Association of Rocketry	4-H	Boy Scouts of America (including Venturing)		
	Girl Scouts of the USA	Civil Air Patrol			
Please have TAF career opportur	RC sponsors send me inforn nities	nation about scholarships, i	nternships, and other		
Team Member 6		-			
Name:		Email:			
Grade:		Age:			
Gender (optional): Male Female					
or (fill in the	blank)	Home Zip Code:			
Ethnicity (optional):	White	African American	Hispanic		
In the student offiliated	Asian	Pacific Islander	American Indian		
Is the student affiliated with or a member of any of the following:	National Association of Rocketry	4-H	Boy Scouts of America (including Venturing)		
	Girl Scouts of the USA	Civil Air Patrol			
Please have TARC sponsors send me information about scholarships, internships, and other career opportunities					

TARC 2015 Team Member Information Continued

Team Member 7				
Name:		Email:		
Grade:		Age:		
Gender (optional): Male or (fill in the blank	Female .)	Home Zip Code:		
Ethnicity (optional): Whi	te	African American	Hispanic	
Asia	n	Pacific Islander	American Indian	
with or a member of	onal Association of ketry	4-H	Boy Scouts of America (including Venturing)	
Girl	Scouts of the USA	Civil Air Patrol		
Please have TARC spo career opportunities	nsors send me inforn	nation about scholarships, i	internships, and other	
Team Member 8				
Name:		Email:		
Grade:		Age:		
Gender (optional): Male or (fill in the blank	Female)	Home Zip Code:		
Ethnicity (optional): Whi	te	African American	Hispanic	
Asia	n	Pacific Islander	American Indian	
with or a member of	onal Association of ketry	4-H	Boy Scouts of America (including Venturing)	
Girl	Scouts of the USA	Civil Air Patrol		
	nsors send me inforn	nation about scholarships, i	internships, and other	
career opportunities Team Member 9				
Name:		Email:		
Grade: Gender (optional): Male Female		Age:		
or (fill in the blank	•	Home Zip Code:		
Ethnicity (optional): Whi	te	African American	Hispanic	
Asia	n	Pacific Islander	American Indian	
with or a member of	onal Association of ketry	4-H	Boy Scouts of America (including Venturing)	
Girl	Scouts of the USA	Civil Air Patrol		
Please have TARC sponsors send me information about scholarships, internships, and other career opportunities				

TARC 2015 Team Member Information Continued

Team Member 10		1		
Name:		Email:		
Grade:		Age:		
Gender (optional):	Male Female			
or (fill in the blank)		Home Zip Code:		
Ethnicity (optional):	White	African American	Hispanic	
	Asian	Pacific Islander	American Indian	
Is the student affiliated with or a member of any of the following:	National Association of Rocketry	4-H	Boy Scouts of America (including Venturing)	
	Girl Scouts of the USA	Civil Air Patrol		
Please have TAR career opportur	C sponsors send me inform ities	nation about scholarships,	internships, and other	

TARC 2015 Payment Form

Purchaser is responsible for all of the non-refundable incurred charge. Please submit a separate check for each team. By submitting the application you accept this non-refundable fee. **WE DO NOT PROVIDE INVOICES OR ACCEPT PURCHASE ORDERS.**

Registration fee = \$125.00

PAYMENT CAN BE MADE BY: Check, Money Order or Credit Card

Check

Money Order

Check#_____

Check Amount \$_____ (Make checks and money orders payable to: Aerospace Industries Association)

If paying by credit card, please check the box below and provide an email address for the Supervising Teacher/Adult.

Once your application is received, a link to a secure payment page will be sent to this email address and you will be able to pay on-line.

Once you have made payment on-line, your application will be processed and your team registration completed. You will then receive the Registration Confirmation Email.

I would like to pay by Credit Card. Please email payment information to the address below.

Email Address:

NOTE: Billing via credit card will appear on your credit card statement as "AIA Internet Account."

Paper Clip Check Here

(Do not staple or tape)

TARC 2015 Supervising Teacher/Adult Agreement Form

I understand that the students on my team are responsible for the creation, design, and flight of the rocket without assistance from any other adult, teacher, or non-member of the team.

By signing this form I agree to supervise the team from:

School/Organization Name: _____

City: _____ State: _____ Zip Code _____

I certify that I am registering this team with the knowledge and consent of the sponsoring school/organization.

I certify that the sponsoring group is a school or a single U.S. incorporated non-profit youth or educational organization (excluding the National Association of Rocketry, Tripoli Rocketry Association, or any other rocket club or organization).

I acknowledge that it is my responsibility to make sure that Aerospace Industries Association receives all updated contact and student information.

I understand that the Aerospace Industries Association has the right to make all last and final contest determinations and that the registration fee is non-refundable.

I have read and understand all of the rules of the contest.

All information submitted is true to the best of my knowledge.

Supervising Teacher/Adult Name:		
Title/Affiliation with School or Organization:		
Signature:		Date:
School/Organization Name:		
Address 1:		
Address 2:		
City:	State:	Zip:

TARC 2015 Parent/Guardian Consent & Release Form

Either this paper form or the digital consent form must be submitted for each student participant. The team registration will not be processed without receipt of all students' Parent/Guardian Consent Forms. 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.

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, officers, employees, 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 and/or National Association of Rocketry and their respective member companies, affiliates, Board of Governors/Trustees, licensees and assigns 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.

Please have TARC sponsors send my child information about scholarships, internships, and other career opportunities

Parent/Guardian Name:					
Signature:					
Address 1:					
Address 2:					
City:		State:	Zip:		
Day:	Evening:		Mobi	le:	
Email:					
Supervising Teacher/Adult	:				
Organization/School Name:					
Address 1:					
Address 2:					
City:		State:		_Zip:	