

GENESIS  
**SPACE MISSION**  
JOIN US FOR A SPECTACULAR JOURNEY

## Registration Form

1) Name \_\_\_\_\_ Age \_\_\_\_\_ Grade completed \_\_\_\_\_ Birthdate \_\_\_\_\_

2) Name \_\_\_\_\_ Age \_\_\_\_\_ Grade completed \_\_\_\_\_ Birthdate \_\_\_\_\_

3) Name \_\_\_\_\_ Age \_\_\_\_\_ Grade completed \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Email Address \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Regularly attend church? \_\_\_\_\_ Where? \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_ Phone (hm) \_\_\_\_\_ Phone (wk) \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_ Emer. Phone \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Invited by \_\_\_\_\_ (over)

**Office Use Only**

Team Color \_\_\_\_\_ Squadron \_\_\_\_\_ Squadron Teacher \_\_\_\_\_ Stardate \_\_\_\_\_

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# Medical and Photo Releases

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Name	Known Conditions	Allergies	Add'l Info.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In case of a medical emergency\*, I hereby give my permission to the physician selected by the Space Probe Director(s) to secure proper treatment and/or hospitalization for child(ren), \_\_\_\_\_

Signature of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_

***\*The Space Probe Director(s) will make every attempt to reach the parent/legal guardian listed, or the emergency contact given on your registration form.***

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We take a VBS group photo on Wednesday morning as well as photos throughout the week for our final presentation. The group photo is used for a craft project. We do NOT use the photos for publicity purposes or social media posts.

Please circle: **I do** / **I do not** give permission for my child(ren) to be photographed.

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