



**STARBASE 2.0 CLUB  
APPLICATION  
for West Middle School**

*Please print clearly and return to the office.*

Child's Name: \_\_\_\_\_ Name child goes by: \_\_\_\_\_  
LAST FIRST MI

Child's Gender: M \_\_\_\_\_ F \_\_\_\_\_ Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_  
LAST FIRST

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_

Do you want to opt in for reminders through the Group Me App? \_\_\_yes \_\_\_no if yes, which number would you prefer we use? \_\_\_\_\_

Has your child attended STARBASE in the past?: \_\_\_\_\_ When: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: (\_\_\_\_) \_\_\_\_\_

Please note any **MEDICAL CONDITIONS** (prescription drugs, illnesses, asthma, allergies, etc.) or other special issues which chaperone/STARBASE personnel should be aware of: \_\_\_\_\_

*In case of an emergency, I give authorization for medical treatment and care necessary to correct the injury or illness. This treatment may include transporting of my child to a medical facility. If such a situation should occur, it is my understanding that all reasonable effort will be made to notify me immediately. If parent/guardian/emergency contact cannot be reached, your child may be transported to a medical facility. I agree the cost of such medical care is my responsibility.*

**RELEASE OF  
LIABILITY**

I understand that my child will participate in STARBASE 2.0 on the following dates after school from **3:15 pm-4:45 pm: Jan. 15, 17, 22, 24, 29, 31 Feb. 5, 12, 19, 26 Mar. 5, 12, 19**

I agree and promise to hold completely harmless and totally indemnify the STARBASE Rapid City and those acting under its permission and upon its authority for any and all losses or damage to property, bodily injury, and/or death.

I grant permission for my child to participate in the STARBASE 2.0 program and its affiliated activities, including permission for photography and video for promotional and advertising purposes and I waive any monetary or other rights that I or my child may have in connection with such photography.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

\*\*\*ALL APPLICATIONS MUST BE TURNED INTO **the front office NO LATER THAN January 14, 2018.**

\*\*\* ONLY **20** SPOTS WILL BE AVAILABLE.

\*\*\*FOR MORE INFORMATION PLEASE CONTACT **Polly Unterbrunner at 605-737-6083.**