



# Australian Youth Rocketry Challenge



PO Box 84, Browns Plains QLD 4118

## 2017 Australian Youth Rocketry Challenge Application

Please read the Contest Rules and Frequently Asked Questions at [www.rocketcontest.org.au](http://www.rocketcontest.org.au) before you begin. This year's challenge has three major flying events as follows:

- Victoria – Saturday 17/06/2017 (rain date – Sunday 18/06/2017)
- Western Australia – Saturday 24/06/2017 (rain date – Sunday 25/06/2017)
- Queensland (National Finals) - 22/07/2017 (rain date – Sunday 23/07/2017)

### ALL INFORMATION REQUESTED ON THE APPLICATION IS REQUIRED.

The Australian Youth Rocketry Challenge is open to a limited number of teams that submit a completed application, including payment for Victoria and Western Australia by Monday 05/06/2017 and for Queensland by Monday 10/07/2017. Teams must be made up of a minimum of 2 and no more than 6 students who are currently enrolled in grades 1 through 12 in an Australian school or youth organisation (scouts, air force cadets etc.). Team applications must come from a single school or single incorporated non-profit youth organisation.

### DO NOT WAIT to send in your registration.

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 have a supervising teacher/adult as the main point of contact for all AYRC communications. This person will serve as a team leader and will be a main point of contact should any administrative team issues arise.

The **\$70** registration fee **MUST** be included with the payment form and can be paid by Credit Card, PayPal, Direct Deposit or cheque. If paid by PayPal please include copy of payment confirmation. The PayPal account to pay is [info@rocketcontest.org.au](mailto:info@rocketcontest.org.au)

Complete one application per team. Applications can be emailed to [info@rocketcontest.org.au](mailto:info@rocketcontest.org.au) or mailed to:

**Australian Youth Rocketry Challenge**  
**PO BOX 84**  
**Browns Plains QLD 4118**

### Incomplete or illegible applications will not be processed and will be returned.

After your application is processed, your team will be listed as a "Registered Team," and a registration confirmation email with very important information will be sent to all the email addresses listed on your application. If you do not receive a registration confirmation email within 72 hours of your team being listed on our website, it possibly means your email address is invalid.

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.

### 2017 Supervising Teacher/Adult Application Checklist

To ensure your application is processed as quickly as possible, complete this checklist:

The application is legible and complete.

*Note: Illegible and incomplete applications will not be processed, will be returned to you, and may jeopardise your chances of competing 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 [www.rocketcontest.org.au](http://www.rocketcontest.org.au).





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- The Supervising Teacher/Adult Agreement Form is completely filled out and is signed.
- A Parent Consent Form for each team member is attached.
- I have made and retained a copy of all the application forms (Application Checklist, 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 below.

**Supervising Teacher/Adult Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please select one (1) of the following payment options.**

- A cheque for \$70 is attached.
- Direct Deposit has been made to:  
Australian Youth Rocketry Challenge Inc.  
Heritage Building Society  
BSB: 638 070  
ACC: 1213 9262
- Payment has been made via PayPal to **info@rocketcontest.org.au** on \_\_\_\_ / \_\_\_\_  
Reference#: \_\_\_\_\_
- Charge the following credit card:  
  
VISA / MASTERCARD  
  
Card#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expiry: \_\_\_\_ / \_\_\_\_  
  
Name on Card: \_\_\_\_\_ CVV: \_\_\_\_\_ (last 3 digits on back)

*(Please note that credit cards will be charged through our partner Australian Rocketry Pty Ltd's system)*





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## Team Registration Form

### General Information

State Round:  Queensland  Western Australia  Victoria

Challenge:  Primary (Grades 1 – 6)  Secondary (egg loft) (Grades 1 – 12)

Team Name: \_\_\_\_\_

School/Organisation Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

School/Organisation Website URL: \_\_\_\_\_

### Supervising Teacher/Adult Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Work Phone Number (with area code): \_\_\_\_\_

Home Phone Number (with area code): \_\_\_\_\_

Mobile Phone Number (with area code): \_\_\_\_\_

Supervisor's Primary Email: \_\_\_\_\_

Supervisor's Alternate Email: \_\_\_\_\_

### Team Member Information (2 minimum, 6 maximum)

1. Name: \_\_\_\_\_

Male /Female E-Mail Address: \_\_\_\_\_ Year: \_\_\_\_\_

2. Name: \_\_\_\_\_

Male /Female E-Mail Address: \_\_\_\_\_ Year: \_\_\_\_\_

3. Name: \_\_\_\_\_

Male /Female E-Mail Address: \_\_\_\_\_ Year: \_\_\_\_\_





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**4. Name:** \_\_\_\_\_

Male /Female                      E-Mail Address: \_\_\_\_\_ Year: \_\_\_\_\_

**5. Name:** \_\_\_\_\_

Male /Female                      E-Mail Address: \_\_\_\_\_ Year: \_\_\_\_\_

**6. Name:** \_\_\_\_\_

Male /Female                      E-Mail Address: \_\_\_\_\_ Year: \_\_\_\_\_

## **2017 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 the assistance of any other adult, teacher, or non-member of the team.

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

School/Organisation Name: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Post Code: \_\_\_\_\_

I acknowledge that it is my responsibility to make sure that the AYRC receives all updated contact and student information.

I understand that the organisers have the right to make all last and final contest determinations and that the application 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 Organisation:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





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## Parent/Guardian Consent & Release Form

A form must be completed for each student participant. Applications 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 signed by a Parent or Guardian. If the student is 18 years of age or over they should complete and sign the form themselves.

I authorise my child (Full Name of Child), \_\_\_\_\_ to participate in the Australian Youth Rocketry Challenge 2017.

He/She attends \_\_\_\_\_ (school)

I certify that my son/daughter is in grade \_\_\_\_\_ and is \_\_\_\_\_ years old.

I hereby release AYRC and its respective member companies, affiliates, committee, licensees and assigns from all claims, demands, liabilities, damages, costs and expenses that I may now or hereafter have against the AYRC arising in connection with student's participation in the AYRC.

I hereby grant the AYRC and associates 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 AYRC and the right to use this media without further compensation to me or student with any limitation whatsoever.

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

### Contacts:

Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Supervising Teacher/Adult: \_\_\_\_\_

Organisation/School Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

