

# STUDENT APPLICATION FORM

Advanced Teen Astronomy Camp

June 19-26, 2020

The student is responsible for the entire application process including completion of this form. Parents and/or guardians must be consulted, review the forms, and provide the appropriate signatures.

## Student Information: (PLEASE PRINT CLEARLY)

Name \_\_\_\_\_ Birthdate: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) - \_\_\_\_\_

Grade Level (now): \_\_\_\_\_ Sex: \_\_\_\_\_ Preferred T-shirt Size (adult - S,M,L,XL): \_\_\_\_\_

## If you have Internet access:

**Print** your email address **very clearly**: \_\_\_\_\_

How often do you check your email? \_\_\_\_\_

Could you use a Web browser to check the Camp "chat page" every few days? \_\_\_\_\_

## Math Background

Math Courses (Completed and Current): Algebra II \_\_\_\_\_ Geometry \_\_\_\_\_ Other \_\_\_\_\_

Current Math Teacher's Name: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

School Phone: \_\_\_\_\_

I certify that the above student has successfully completed Algebra II or Geometry.

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent or Guardian Agreement

Names: \_\_\_\_\_ Email address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone Numbers: Work: (\_\_\_\_) - \_\_\_\_\_ Home: (\_\_\_\_) - \_\_\_\_\_

My student has permission to attend the Advanced Astronomy Camp. I have read the travel guidelines at <http://www.astronomycamp.org/docs/atcapp.html> .

The University of Arizona Alumni Association accepts no responsibility for losses or additional expenses due to sickness, weather, strikes, fires, wars, or other causes. All such losses must be borne by the participant. A detailed statement of limitations and exclusions of liability will be provided to participants prior to final payment and is available upon request.

I/we understand and agree that I/we are legally responsible for the tuition and all costs associated with Astronomy Camp and further that this Agreement shall be governed by and subject to the laws of the State of Arizona and shall be deemed for all purposes to be made and fully performed in Arizona.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_