

STUDENT APPLICATION FORM

Beginning Teen Astronomy Camp

June 10-16, 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

Current Math Teacher's Name: _____

School Name: _____

School Address: _____

School Phone: _____

I certify that the above student is progressing nicely and is on track to complete my math class this year:

Teacher's Signature: _____ Date: _____

Parent or Guardian Agreement

Names: _____ Email address: _____

Mailing Address: _____

Telephone Numbers: Work: (____) - _____ Home: (____) - _____

My student has permission to attend the Beginning Astronomy Camp. I have read the travel guidelines at <http://www.astronomycamp.org/docs/btcapp.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: _____