2018
Dyer Observers Space Science Summer Camp Application
(Please list only one camper per form)

Student’s name_____________________________________________________________

School student attends (Fall 2018)_________________________________________________

Birthday_________________ Gender_________________ Attended our camp in the past? Y/N year_______

Address_____________________________________________________________________

Parent/Guardian Names Email Phone

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Other Contacts

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Payment method: Camp is $400 per week. Please make checks payable to Vanderbilt University. A $100 deposit or full payment must accompany the application. The remaining $300 is required during registration the first day of camp. Merit scholarships are not awarded, but financial aid is available to those students who demonstrate financial need. Please contact us for information before submitting the application.

Send to: Please mail or bring this form and a check to Space Science Summer Camp, Vanderbilt Dyer Observatory, 1000 Oman Drive, Brentwood, TN 37027. Please note we are not located on the main Vanderbilt campus.

Refunds: Fees are refundable ONLY for medical reasons, and requests must be accompanied by a physician’s letter.

Questions: Please email Dr. Billy Teets at william.k.teets@vanderbilt.edu. Fax # is 615-371-3904.

Please note: Campers must be dropped off between 8:30 – 9:00 AM and picked up at 3:00 PM. A $10 charge may be incurred for late pickups. Field trip day will be longer and will have a different drop/off pick up location. Further information will be emailed closer to camp time.

Application Checklist:

__Check made out to Vanderbilt University
__Signed Permission & Release form (2 pages)
__Student Medical Information (2 pages)
__Signed Vanderbilt Media Release form (1 page)
__Signed NASA Media Release form (1 page)
Permission & Release

I hereby give permission for (child’s name) ________________________ to attend the Space Science Camp at Vanderbilt Dyer Observatory (a department of Vanderbilt University). I recognize and understand that my child may be participating in normal activities associated with the day camp. I recognize and understand that all of these activities may expose my child to some level of risk of injury, and my child will be participating at his/her own risk. I certify that the student is capable of participating in this camp and I grant permission for the student to participate in all planned activities.

Furthermore, in consideration of Vanderbilt University allowing my child to visit these facilities, I hereby release and hold harmless Vanderbilt University and its trustees, agents, officers, servants, and employees against loss from any and all claims or causes of action that may be brought by or on behalf of my child or by me, arising out of any and all known and unknown, foreseen and unforeseen personal injuries, damages to property and consequences thereof, which may be sustained by my child or by me in connection with his/her attending camp, except such liability or claim of liability as may result from gross or intentional negligence on the part of Vanderbilt University. Said indemnification shall include, but not be limited to, court costs and attorney fees.

If my child should suffer an injury or illness while attending the day camp, I authorize the employees of Vanderbilt University to use their discretion to transport or to have my child transported to the Vanderbilt University Medical Center or to another appropriate health care facility and hereby give consent in my absence to have my child treated, and I take full responsibility for that action.

I agree that Vanderbilt University is not liable for lost, stolen, or damaged personal articles. Vanderbilt University is also not liable for any consequences of the student’s actions including injury to persons and property, and I accept responsibility for reimbursement either to the injured party or to Vanderbilt University for any damages sustained by them due to my child’s actions.

I agree to be responsible for any losses (including reasonable attorney fees and court costs) resulting from my child’s damage, vandalism, littering, or theft of Vanderbilt University or visited properties, of a University community member, campus visitor, or any other property used during the camp.

My child will abide by camp policies as articulated by camp staff. I understand students who fail to follow camp policies may be asked to leave the program. Students who are asked to leave will not receive a refund of tuition or other fees.

I understand Vanderbilt University personnel adhere to Tennessee state law on mandatory child abuse reporting to either the appropriate law enforcement agency or the state hotline operated by the Department of Children’s Service. In addition to external reporting, Vanderbilt University has a mandatory internal child abuse reporting procedure. If a staff member has reason to believe abuse or inappropriate behavior has occurred concerning a minor participating in a Vanderbilt University program, they are to consult the Program Director and Risk Management (615-936-0660), or report via the Vanderbilt University hotline at 866-783-2287. The Tennessee Child abuse reporting hotline number is 877-237-0004.

I have read the foregoing Release and understand that I am signing a complete and perpetual release and bar to any claims of ordinary negligence as defined above. Furthermore, I certify I am 18 years of age or older and am a parent or legal guardian of the child. To the best of my knowledge, the information furnished on behalf of the student on this application is correct and complete.

Parent/Legal Guardian’s Name (please print) ____________________________________________

Parent/Legal Guardian’s Signature_____________________________________________________ Date________________
Camper Medical Information

Student’s Name

Pediatrician’s name and phone number

___My/our child has a special need. I enclosed a letter of explanation. Please note that Dyer Observatory staff cannot administer medicines to children.

Insurance Information

Insurance Carrier or Plan Name

Policy Holder’s ID Number

Group Number

Name of Insured

Relationship to Student

Allergies and Medical Conditions

Please select/initial the appropriate items below and provide descriptions where appropriate

_______ This student has no known allergies.

_______ This student is allergic to the following foods: ________________________________

______________________________________________________________________________

Does the above cause anaphylaxis? (yes no) If so, please describe reaction and required treatment:

______________________________________________________________________________

______________________________________________________________________________

_______ This student has other food restrictions: ________________________________

______________________________________________________________________________
This student is allergic to the following medications: ____________________________________________________________

Does the above cause anaphylaxis? (yes no) If so, please describe reaction and required treatment:
___________________________________________________________________________________________________________________________________________________

This student has other significant allergies: ____________________________________________________________

Does the above cause anaphylaxis? (yes no) If so, please describe reaction and required treatment:
___________________________________________________________________________________________________________________________________________________

Please list and explain any conditions (e.g., asthma, diabetes, seizures, nose bleeds) that may require special attention, diet, or restriction of activities:
___________________________________________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________________________________________

Please list medications (and dosages) that your child takes (for emergency purposes only):
___________________________________________________________________________________________________________________________________________________

___________________________________________________________________________________________________________________________________________________

Parent/Legal Guardian’s Name (please print) ________________________________________________________________

Parent/Legal Guardian’s Signature ________________________________________ Date ________________
Media Release Form

IF PERSON BEING USED IN THE MATERIAL IS UNDER 18 YEARS OF AGE, PARENT OR LEGAL GUARDIAN MUST SIGN THIS FORM.

I/we give my/our Permission to Vanderbilt University and members of the media (newspapers, tv or radio stations) to interview my child and use statements made by or attributed to my child relating to the Dyer Observers Space Science Camp. I understand they may use my child’s name, city and state, and/or photograph or videotape. Vanderbilt University is given permission to post my child’s photo on social media or use it in University publications such as University catalogs or brochures. It is my/our understanding that I grant to Vanderbilt University and any media organization any and all rights to said use without further compensation. It is my/our understanding that my signature below releases Vanderbilt University from any financial or legal responsibility for the use of this material(s). I certify that I am at least 18 years of age and that I have read and understood the above.

Signature of Parent or Guardian____________________________________________________________

Printed Name of Parent or Guardian_______________________________________________________

Date__________________________________________________________

Name of Child____________________________________________________

Address of Parent or Guardian_______________________________________

________________________________________________________________________

________________________________________________________________________
I, ____________________________, am the parent/guardian/legal representative of
(Please print your name)

___________________________________ and do hereby give permission
(Please print name of child)

for the above-named minor child (hereinafter "Minor") to be photographed and/or videotaped by NASA or its representatives. I understand and agree that the photographs and/or videotapes containing the image and/or voice of the Minor may be used in the production of instructional and/or promotional materials produced by or on behalf of NASA (hereinafter the "Program") and that such materials may be distributed or broadcast to the public and displayed publicly. I also understand that my permission to use the photographs and videotapes is for an unlimited duration and that neither I nor the Minor will receive any compensation for granting this permission or for the use, if any, by NASA of the Minor's image and/or voice.

I acknowledge that NASA has no obligation to use the Minor's image or voice in connection with the Program.

I hereby unconditionally release NASA and its representatives from any and all claims and demands arising out of the activities authorized under the terms of this agreement.

By signing below, I represent that I am at least 18 years of age and am the parent/guardian/legal representative of the above-named Minor. I have read the foregoing agreement and am familiar with all of the terms and conditions thereof and I consent to its execution by the Minor. I agree that neither I nor the Minor will revoke or disaffirm the this agreement at any time.

Signature of Parent/Guardian/Legal Representative of Minor:________________________________________

Relationship to Minor:________________________ Date:__________

Name and Location of Event:____________________________________________________________

Signature of Minor:____________________________________________________________________