



June 13 - 17, 2016

## Dyer Observers Space Science Camp Application

(please list only one camper per form)

Student's name \_\_\_\_\_ Grade (Fall 2016) \_\_\_\_\_ **5th** \_\_\_\_\_ **6th**

School student attends \_\_\_\_\_

Birthday \_\_\_\_\_ Gender \_\_\_\_\_ Adult t-shirt size: S M L XL

Parent names \_\_\_\_\_

Street address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email (please print legibly) \_\_\_\_\_

Emergency contact name and phone number \_\_\_\_\_

Pediatrician name and phone number \_\_\_\_\_

\_\_\_\_ My/our child has a special need. I enclose a letter of explanation. Please note that Dyer Observatory staff cannot administer medicines to children.

**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 morning registration the first day of camp.

**Send to:** Please mail or bring this form and a check to: Space Science Camp, Vanderbilt Dyer Observatory, 1000 Oman Drive, Brentwood, TN 37027.

**Refunds:** Fees are refundable ONLY for medical reasons and requests must be accompanied by a physician's letter. In this case, a \$50 application processing fee will not be refunded.

**Questions:** Please email Billy Teets at [william.k.teets@vanderbilt.edu](mailto: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 no later than 3:15 PM. A \$10 charge may be incurred for late pickups.

---

### Application Checklist:

Check made out to Vanderbilt University  
Signed Permission & Release form  
Camper Emergency and Medical Information  
Signed Vanderbilt Media Release form  
Signed NASA Media Release form



## 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 \_\_\_\_\_



VANDERBILT UNIVERSITY  
**Dyer Observatory**

## Camper Emergency and Medical Information

**Student's Name** \_\_\_\_\_

### Primary Emergency Contact Information

Name \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Telephone #1 \_\_\_\_\_ Telephone #2 \_\_\_\_\_

Email \_\_\_\_\_

### Secondary Emergency Contact Information

Name \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Telephone #1 \_\_\_\_\_ Telephone #2 \_\_\_\_\_

Email \_\_\_\_\_

### Pediatrician Information

Name \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

### 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 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):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Media Release for Parent and Minor

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:  
\_\_\_\_\_



## Consentimiento para entrevista con los medios de comunicación de la NASA para padres y menores

Yo, \_\_\_\_\_, soy el padre/tutor/representante legal de

(Escriba su nombre en letra de molde)

\_\_\_\_\_, y por la presente

autorizo a la NASA o sus

(Escriba el nombre del niño/a en letra de molde)

representantes a que entrevisten, fotografíen o graben en vídeo al menor de edad antes mencionado (en adelante, el "Menor"). Entiendo y acepto que el texto, las fotografías, o las cintas de vídeo que contengan las palabras, imágenes o la voz del Menor se podrán utilizar en la producción de materiales educativos o promocionales producidos por la NASA o en nombre de ésta (en adelante, el "Programa"), y que dichos materiales se podrán distribuir o difundirse al público y mostrarse públicamente. También entiendo que mi consentimiento para usar el texto, las fotografías y las cintas de video es por tiempo indefinido, y que ni el Menor ni yo recibiremos compensación alguna por la concesión de este permiso, o por el uso, si alguno, por la NASA de las palabras, la imagen, o la voz del Menor.

Reconozco que la NASA no tiene obligación alguna de utilizar las palabras, la imagen o la voz del Menor en relación con el Programa.

Por la presente relevo incondicionalmente a la NASA y sus representantes de cualquier reclamo y demanda que pueda surgir de las actividades autorizadas conforme a los términos de este acuerdo.

Al firmar abajo, declaro que tengo por lo menos 18 años de edad, y soy el padre/tutor/representante legal del Menor. He leído el acuerdo y estoy familiarizado con todos los términos y condiciones del mismo, y presto mi consentimiento para que el Menor celebre este acuerdo. Acepto que ni el Menor ni yo revocaremos o negaremos este acuerdo en ningún momento.

Firma del padre/tutor/representante legal del Menor: \_\_\_\_\_

Relación con el Menor: \_\_\_\_\_ Fecha: \_\_\_\_\_

\_\_\_\_\_

Firma del Menor: \_\_\_\_\_

Nombre y lugar del evento: \_\_\_\_\_

Dirección: \_\_\_\_\_

Número de teléfono: \_\_\_\_\_

Correo electrónico: \_\_\_\_\_



VANDERBILT  
UNIVERSITY

## 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 \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_