



Print Form

Summer Student Application/Permission Form 2024

Please type or print clearly. A form must be completed for each student.

Personal Information

Student's Full Name _____ Name for name tag: _____

Street Address _____ Apt/Unit No. _____

City _____ State _____ Zip Code _____ Date of Birth _____

School District No. _____ School's Name _____

Grade level completed May 2024 _____ Has the student attended STARBASE before? Yes No

Is this child a military dependent? This includes children of Active Duty, Guard, Reserve, and Retired members of the armed services. Yes No Unit: _____

Emergency Information

Person to contact in case of emergency _____

Emergency Number _____ Doctor's Name _____

Insurance Carrier _____ Policy Number _____

Any medical conditions, illnesses, allergies, etc. _____

In an emergency, I authorize STARBASE and/or an accompanying chaperone to obtain medical aid for my child or ward if they deem it necessary. I agree the cost of such medical care is my responsibility.

Demographic Information

Note: The following information is reported to the U.S. Department of Defense as a percentage of the entire academy class and not on an individual basis.

Child's Ethnicity: African-American/Black Asian American Indian/Alaskan Native Caucasian
Hawaiian Native/Other Pacific Islander Hispanic or Latino Multirace Other

Child's Special Needs: _____
[Empty box for special needs]

(Continued On Back)

Release of Liability

I hereby grant permission for _____ (Student's Full Name, First, Last) to participate in the STARBASE program and its affiliated activities, including permission for photography for promotional purposes.

Fill in the Student's Full Name (First, Last). Blank forms will not be accepted. This form must NOT be altered or revised.

I understand this program is an educational experience with hands-on activities, teamwork and building of self-confidence. This program also entails visits to military work areas around heavy equipment, aircraft and other military items. There may be field trips and my child may be transported in military and/or civilian vehicles assigned to the STARBASE program. I further understand that I may ask any and all questions prior to signing this consent form.

I, therefore, agree to assume any and all risk for my child to be involved in the STARBASE program and other activities related directly or indirectly to it, and I hereby agree to indemnify and hold harmless the State of Kansas, the United States of America, the Kansas National Guard, and STARBASE staff and volunteers from any and all claims, liabilities, losses, damages, and actions for personal injury, death, and property damage that my child may incur relating to or arising out of any STARBASE program and other activities related directly or indirectly to it, except as may be allowed under the Kansas Tort Claims Act, K.S.A. 75-6101, et seq., or the Federal Tort Claims Act, 28 U.S.C. 1346.

Parent and/or Guardian's Signature

Date

Parent/Guardian's Name _____

Home Phone Number _____

Cell Phone Number _____

Employer _____

Work Phone Number _____

Parent's E-mail Address _____

Summer Academies 2024

❖ Monday-Thursday

❖ 9 AM-2 PM

- Available to all students having completed 4th or 5th grade in the 23-24 school year.
- Limit ONE ACADEMY per location (please visit kansasstarbase.org for more locations).

Please check the box next to your academy choice.

- Rockets & Robots Group 1 (June 3rd-6th)
- Rockets & Robots Group 2 (June 3rd-6th)
- Mission STARBASE Group 1 (June 10th-13th)
- Mission STARBASE Group 2 (June 17th -20th)

If your child attends with a friend, please provide the friend's name here. _____

If your child is arriving or being picked up by someone other than parent or guardian, please provide their name and cell phone number here. _____

Information on How to Apply:

1. Applications should be emailed (scanned in or digital attachment) to kansascity@kansasstarbase.org
2. You will be contacted within two weeks of submitting your application to confirm your student's enrollment status.
3. Submitting an application does not guarantee a seat at the academy camp.
4. Preference is given to military dependents.
5. **THERE IS NO FEE TO ATTEND THE DoD STARBASE SUMMER ACADEMIES.**
6. For additional Kansas STARBASE opportunities, visit our website at www.kansasstarbase.org