

Summer Student Application Form 2024

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

Priority Deadline: April 2, 2024

	Personai	Information				
Student's Full Name		Name for name tag:				
Street Address			Apt/Unit No.			
City	State	Zip Code	Date of Birth			
School District No.						
Grade level completed May 202				Yes No		
Is this child a military dependent Duty, Guard, Reserve and Retire			Yes No Unit:			
	Emergenc	y Information				
Person to contact in case of emerg	ency					
Emergency Number	Do	ctor's Name				
nsurance Carrier		Policy Numbe	er			
Any medical conditions, illnesses, a	ıllergies, etc.					
In case of an emergency, I authoriz ward, if they deem necessary. I agr	ee the cost of such med	dical care is my resp		r my child or		
	Demograph	ic Information				
	ng information is report f the entire academy cl		partment of Defense as a individual basis.			
Child's Ethnicity: O African-Am	erican/Black O A	sian O Ame	rican Indian/Alaskan Native	O Caucasia		
O Hawaiian Native/Other Pa	cific Islander O H	ispanic or Latino	O Multirace	O Other		
Child's Special Needs:						
	(Continued	On Next Page)				
	Kansas STARBASE *	www.kansasstarbase.org				

Release of Liability

I hereby grant permission for(Students)	dent's Full Na	me, First / I	Last)	
to participate in the STARBASE program and its affiliated activities, including permission for photogram	aphy for promot	ional purpose	S.	
Fill in Student's Full Name, (First, Last). Blank forms will not be accepted. Form must NO	OT be altered or	revised.		
I understand this program is an educational experience with hands-on activities, teamwork and buil program also entails visits to military work areas around heavy equipment, aircraft and other militar and my child may be transported in military and/or civilian vehicles assigned to the STARBASE programs and all questions prior to signing this consent form.	y items. There m	nay be field trip		
I, therefore, agree to assume any and all risk for my child to be involved in the STARBASE program as or indirectly to it, and I hereby agree to indemnify and hold harmless the State of Kansas, the United National Guard, and STARBASE staff and volunteers from any and all claims, liabilities, losses, dama injury, death, and property damage that my child may incur relating to or arising out of any STARBAS related directly or indirectly to it, except as may be allowed under the Kansas Tort Claims Act, K.S.A. Tort Claims Act, 28 U.S.C. 1346.	I States of Amer ages, and action E program and	ica, the Kansa is for personal other activities	as S	
Parent and/or Guardian's Signature	Date			
Parent/Guardian's Name			_	
Home Phone Number Cell Phone Number				
Employer Work Phone Number	Work Phone Number			
Parent's E-mail Address				
STARBASE Wichita Summer Acade ummer camps are open to students currently enrolled in 4th & 5th grade during Please indicate preference of academy using the button options. Mark one per	the 2023 - 20 r <i>line.</i> First	Second	' ear. Either ca	
Ing Engineers - June 3 - 6 from 9:00 AM - 2:00 PM nts will engineer a variety of inventions and use a web-based CAD program to design and create det	Choice	Choice	is great!	
	First	Second	Either ca	
ckets and Robots- June 10 - 13 from 9:00 AM - 2:00 PM	Choice	Choice	is great!	
nts will build and program the LEGO Spike and Sphero robots. They will also be building and launch	ing a variety of i	rockets.		
Name(s) of student that you request to be grouped with (optional):				

Directions for How to Apply:

- 1. Submit this completed application form via email (scan in or digital attachment) to Tony@KansasSTARBASE.org
- 2. You will receive a confirmation email once the submitted application is received. Placement in a camp will be confirmed by April 5th via email. (Submitting an application does not guarantee a place in the camp.)
- *There is <u>no charge</u> to attend the DoD STARBASE summer academies. *Each student will be limited to <u>one</u> academy.