

Yes! I will sign up for the
Deke Slayton Memorial Space and Bicycle Museum's

Deke Slayton Space Camp

From July 31st to August 4th, 2017



Cost: \$400.00 per student. Half of the cost, \$200 is due upon submission of this registration form. The remaining balance is due on/by July 31st, 2017.

Student Name first/last: _____

Address: _____

City: _____ State: _____ Zip: _____

If applicable: Student cell phone/email address: _____

Parent Name first/last: _____

Parent phone number (daytime): _____

Parent email address: _____

Question for student: Why are you signing up for this Space Camp? What are you looking forward to the most, or what are you hoping to do or learn?

Student is going into grade: _____ (student must be going into 5th, 6th, or 7th grade.)

Student gender: Male / Female

Does the student have any allergies or foods they cannot eat? YES / NO- If yes please specify:

Does the student have any special needs, or are there special circumstances we should know about? YES / NO- If yes please specify: (Unfortunately the museum is on the 2nd floor and is not handicap accessible).

Locations: The camp will be based at the Deke Slayton Museum with ***drop off in mornings and pick up in afternoons always at the Museum.*** Our daily locations will be as follows, and they are all mostly within walking distance of the museum:

Monday, Tuesday, Thursday, and Friday morning:

8:00am- 12:00pm- **Deke Slayton Museum-** 200 W. Main St., Sparta, WI
12:00pm- 1:00pm- **Mayo Hospital in Sparta, cafeteria** 310 W. Main St., Sparta, WI
1:00pm- 4:30pm- **Sparta City Hall-** 201 W. Oak St., Sparta, WI
4:30pm- 5:00pm- **Deke Slayton Museum-** 200 W. Main St., Sparta, WI

Wednesday: On Wednesday drop off and pick up will still be at the Deke Slayton Museum, but in-between we will be traveling by bus to:

10:30am- 12:00pm- **Sparta Airport-** 6058 Hangar Way, Sparta, WI
1:00pm- 2:30pm- **Sparta Pool-** 725 Pine St, Sparta, WI
2:30- 4:30pm- **Planetarium at the University of LaCrosse-** 1725 State Street, LaCrosse, WI

Friday: On Friday drop off and pick up will still be at the Deke Slayton Museum, but during the day we will be traveling by bus to the field at Southside Elementary to fire off the rockets:
- **Southside Elementary School** – 1023 Walwrath St., Sparta, WI

Phone numbers during camp: If you need to get in touch with your child or the camp organizers during the camp you can either call the museum at 608-269-0033. Or, if the camp is at a different location during the time you are trying to contact us, Museum Director Alli Karrels will be with the students and can be reached on her cell phone at 262-707-8681. Additional phone numbers will be provided upon registration.

Groups: Your student will have the opportunity to work with all of the camp participants throughout the week. We will also be breaking the participants into groups of 4 for teambuilding and leadership activities. Your student will be part of this same group for the whole week; three days they will be a group member and the other day they will be the group leader- giving every student the chance to lead. There are a total of 2 hours each day for team building activities which your student will do as part of their group of four. Being a team player is vital for an astronaut!

Space Camp Notification: Approximately 2 weeks before the start of camp the student will receive by mail their official letter requesting them to report to the Deke Slayton Museum for the beginning of Space Camp. The package will also include their custom Space Camp shirt which they will wear every day for the week of camp.

What CHILD'S size shirt will the student need? _____

How should the student's first name appear on their custom shirt? _____

When the student arrives at Space Camp they will be presented with a drawstring backpack, a water bottle, and a personalized log book.

Graduation and Party- Friday evening at the end of the camp we will be holding a small graduation ceremony and party/dinner which the students and their families are invited to attend. How many people do you anticipate will attend from your family? (not including your child, the Space Camp participant). Number of attendees: _____

Waiver and Release:

I certify that _____ (Child's Name) has my permission to participate in the Deke Slayton Space Camp. I hereby release the Deke Slayton Memorial Space and Bicycle Museum and their employees from any liability, claims, lawsuits, etc. from any injury or illness that may result from participation in Deke Slayton Space Camp. (Event). I certify that my child is in good physical health and can participate in all camp activities. I further certify that the above camper has medical insurance in case of an emergency. Deke Slayton Space Camp (Event) and the Deke Slayton Memorial Space and Bicycle Museum (Company), the directors, and any staff shall not be held responsible for personal injury of any student or loss of individual property during the camp. I grant permission for the camp directors to act on my behalf in case of medical emergency. I understand that I am responsible for all medical expenses.

I, _____ (Parent's/Guardian's name) release the Deke Slayton Memorial Space and Bicycle Museum and Deke Slayton Space Camp (Event) from any liability, claims, lawsuits, etc. from any injury or illness my child suffer during my participation in any event organized by the Deke Slayton Memorial Space and Bicycle Museum

I, _____ (Parent's/Guardian's name) grant the Deke Slayton Memorial Space and Bicycle Museum, the right to take photographs of me, my child, and my family in connection with the above-identified event. I authorize the Deke Slayton Memorial Space and Bicycle Museum, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that the Deke Slayton Memorial Space and Bicycle Museum may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

* **Emergency contact information:** If there is an injury or emergency who should be contacted:

Name: _____ Phone Number: _____

How the emergency contact is related to the camp participant: _____

Sign: I have read and fully understand the general terms and conditions as outlined in this application form and I give my child permission to participate in the Deke Slayton Space Camp.

Signature: _____ Print Name: _____

Date: _____

Payment: Half the cost of the camp- \$200, is due upon submission of this registration form to the Deke Slayton Museum (or you can pay in full). You can pay by cash, check, or credit card. Please make checks payable to the Deke Slayton Museum.

Mail or drop off registration form and payment to:

Deke Slayton Museum
200 W. Main St.
Sparta WI, 54656
Phone: 608-269-0033

E-mail: dekeslayton@centurytel.net

The remainder of the balance is due by July 31st, 2017. You will be invoiced and can pay on the first day of Camp.

<input type="checkbox"/> I am paying by cash
<input type="checkbox"/> I am paying by check, check # _____
<input type="checkbox"/> I am paying by credit card _____ Exp. Date ____ / ____ 3 digit code on back: _____
Billing zip code: _____
Signature: _____

Applications are accepted on a first come basis, and we are not accepting more than 16 students. Please submit your application form early to ensure a spot in the Space Camp.

*Please note the Deke Slayton Space Camp requires a minimum of 8 participants who must be enrolled by July 20th, if the minimum is not met the camp may be cancelled and you will receive a refund of your deposit.