



**the
Chickasaw Nation
Division of Education**

301 Seabrook Road / Ada, OK 74820 / Phone: (580) 272-5579
Email: stmprogram@chickasaw.net

For Office Use Only:

Inbound
 Outbound

 Date Rec'd: _____

**Space Camp
Huntsville, Alabama
Application Deadline - April 16th**

Please check age group: (Candidates must be 9 and no older than 18 by June 1st)

- Space Camp - Ages 9-11
- Space Academy - Ages 12-14
- Advanced Space Academy - Ages 15-18

To complete this application, you must attach copies of the following:

- Chickasaw Nation citizenship card or certificate (CDIB will not be accepted)
- One-page essay describing why you would like to attend space camp
(Must be no less than 500 words, typed, double-spaced in Times New Roman 12 pt. font)
- Most recent report card
- Signed parent consent form

Name: _____
Last First Middle

Address: _____
Street City State County Zip code

Phone: (____) _____ Student cell number: (____) _____

Date of birth: _____ Age: _____ Gender: Male Female

School attending: _____ Email address: _____

Grade entering in fall: _____ T-shirt size: _____ Youth Adult

Parent/legal guardian name: _____ Phone: (____) _____

Parent/legal guardian email address: _____

Please list any clubs, organizations, special achievements, community activities or volunteer projects in which you have been involved.

For more information you may contact the Chickasaw Nation Science, Technology and Math Program staff at 301 Seabrook Road; Ada, OK 74820; Phone: (580) 272-5579

The Chickasaw Nation Office of Supportive Programs and the applicant agree to strictly maintain the confidentiality of all information disclosed hereunder or any amendments thereto. The parties agree that the information contained in said application shall be considered "Confidential Information" and shall not be disclosed to third persons, except upon written consent of the applicant or as otherwise required by law.



The Chickasaw Nation Division of Education Space Camp – Huntsville, Alabama

PARENTAL CONSENT

INCOMPLETE APPLICATION CANNOT BE PROCESSED

Please return this information to the Chickasaw Nation Science, Technology and Math Program, 301 Seabrook, Ada, OK 74820. (PLEASE PRINT)

Child's name: _____
Last First Address Grade entering

Parent/legal guardian: _____
Last First

I believe that my child is physically and mentally capable of participating in the programs offered by the Chickasaw Nation Division of Education. Furthermore, I agree to indemnify and hold harmless the Chickasaw Nation (Nation), its employees and all personnel (including consultants) participating in or associated in any manner with this event from any claims of damages, liabilities, injury, expense or loss occurring from activities of travel associated with the division of education programs.

In case of accident or need for emergency medical attention, I give permission to program staff to take my child to a doctor and/or emergency facility of the Nation's choice. It is understood that all expenses for treatment provided will be borne by the parent, guardian or child.

Please list all medication(s) your child is currently taking:

Please list any over-the-counter medications that you give us permission to give to your child (Example: Tylenol, Motrin, Pepto-Bismol, etc.):

Furthermore, I give my permission for my child to travel with program staff and other participants to and from the official event.

My permission is granted to the Chickasaw Nation, its agents, or employees to photograph record, film and videotape my child for future promotion of the division of education programs and/or any Chickasaw Nation publications. I shall have no right approval, no claim to additional compensation and no claim (including without limitation, claims based upon invasion of privacy, defamation or right of publicity) arising out of any uses, alternation, and distortion or illusionary effect or use in any composite form.

I understand that the Chickasaw Nation is a sovereign entity and that the Chickasaw Nation does not waive any sovereign rights by offering and hosting this event.

I understand by signing this *Parental Consent* form, I am authorized and have legal authority to consent on behalf of the above-named minor child.

Parent or legal guardian signature (participants 18 or older may sign form)

Date