Teen Astronomy Camp Application Form

☐ **Beginning - June 4-10, 2026** ☐ **Advanced - June 13-21, 2026**

The student is responsible for the entire application process including this form.
Parents and/or guardians should review all forms and provide appropriate signatures.
Please type responses in this fillable PDF form or print clearly.

Student Information

Name Birthdate (M/D/Y):

Street Address:

City/State/Zip Code:

Home Phone: ( ) -

Current Grade Level: Sex: T-shirt Size (adult):

If you have Internet access

Type or clearly print your email address

How often do you check your email:

Would you be able to check the Camp "chat page" every few days?

Math Courses (Completed / Current):

☐ Algebra I ☐ Algebra II ☐ Trig
☐ Geometry ☐ Calculus

On a scale of 1(low)-10(high), honestly rate your confidence in math:

Current Math Teacher's Name:

School Name:

School Address:

Parent or Guardian Agreement

Name: Email:

Mailing Address:

Phones: Work: ( ) - Home: ( ) -

My child has permission to attend Astronomy Camp. I have read the "Plan Ahead!" guidelines and application requirements at https://astronomycamp.info/apply/. The University of Arizona accepts no responsibility for losses or additional expenses due to sickness, weather, strikes, fires, wars, or other causes. All such losses must be borne by the participant/parents. A detailed statement of limitations and exclusions of liability will be provided prior to final payment and is available upon request.

I/we understand and agree that I/we are legally responsible for the tuition and all costs associated with Astronomy Camp and further that this Agreement shall be governed by and subject to the laws of the State of Arizona and shall be deemed for all purposes to be made and fully performed in Arizona.

Parent's Signature: _____ Date: _____