

QUICK FORMS



- ☆ **Astrocamp Program Planner – 2 Pages**
- ☆ **Astrocamp School's Pre-order Form – 2 Pages**
- ☆ **Astrocamp Student's Pre-order Form – 2 Pages**
- ☆ **Medical Forms – 6 pages**
- ☆ **Chaperone Waiver Form – 1 page**

Left Blank on Purpose



Please scroll down to Forms Section

Astrocamp Program Planner

Your DEADLINE: 4-Weeks Prior to Arrival! (no exceptions)
*****If for whatever reason you cannot meet this deadline, we will plan your classes for you. Sorry, No changes can be made after this deadline.**



Fax: (951) 659-9843 **Mail:** Astrocamp, PO Box 3399, Idyllwild, CA, 92549

School Name: _____ Trip Dates: _____
 Trip Coordinator: _____ Phone (Daytime): _____
 Address: _____ Fax: _____
 City, State, Zip: _____ Email: _____

Would you prefer to receive information by: EMAIL  FAX 

TIME OF ARRIVAL (circle one):

11:00 am 12:00 pm 1:00 pm Other: _____

Students arriving by:  BUS# _____  CAR # _____

*** PLEASE

ANSWER THE FOLLOWING QUESTIONS ***

1. Are there any concepts you would like **emphasized** or **omitted** from our curriculum?
2. Please list any special needs: (e.g.: severe food allergies, number of vegetarians, irregular arrival/departure times)
Please remind your parents NOT TO CALL Astrocamp. They need to let YOU know and you call us with all issues.

3. Is there anything our instructors should know about your group (e.g.: ADD, ESL, GATE, special academic/physical needs)?

4. What classroom management/attention getting strategies does your school use (raised hand, 1-2-3 etc.)?
 1. Any other requests: _____

Enter the following to help us assign Research Groups, Classes, and Dormitories:

Grade: How many times has your school visited Astrocamp:

STUDENTS: Total _____ = Boys: + Girls:

CHAPERONES: Total _____ = Males: + Females:

ASTROCAMP PLANNER - CLASS PREFERENCES FORM – * Complete & Return to Astrocamp

DAYTIME CLASSES:			NIGHT TIME CLASSES:		
CLASS	ABREV.	PERIODS	CLASS	ABREV.	PERIODS
Atmosphere & Gases	AG	1	AstrOlympics	AO	1
Building/Launching Rockets	BR / LR	2	Free Swim (no fee)	FS	1
Cosmic Lander	CL	1	Interstellar Auction	IA	1
Day Hike	DH	1	Messier Madness	MAD	1
Extended Day Hike	EDH	2	Mission to Mars	M2M	1
Full Day Hike	FDH	4	School Night	SN	1
Electricity & Magnetism	EM	1	Space Night (Telescopes & Night Hike)	SPN	1
Expedition Valles Marineris	EVM	1	FOR FIVE-DAY GROUPS ONLY:		
Lights & Lasers	LL	1	Astro Jeopardy	AJ	1
Microgravity	MG	1	Campfire / Wrap Up	CF	1
Micrometeorites	MM	1	<p>Request Your Classes <i>Instructions</i> Please review "Class Description" Section</p> <p>ALL CLASSES ARE: 1.5 HOURS - All other classes as listed</p> <ul style="list-style-type: none"> List Choices in order preferences Include 2 Alternates Classes that are 2 periods – 2 Blocks 3-Day Groups choose up to 2 Rope Elements 5-Day groups choose up to 5 Rope elements 		
Planetarium	PL	1	<p>Request Your Classes <i>Instructions</i> Please review "Class Description" Section</p> <p>ALL CLASSES ARE: 1.5 HOURS - All other classes as listed</p> <ul style="list-style-type: none"> List Choices in order preferences Include 2 Alternates Classes that are 2 periods – 2 Blocks 3-Day Groups choose up to 2 Rope Elements 5-Day groups choose up to 5 Rope elements 		
Planets	PN	1			
Remote Sensing	RS	1			
Solar Studies	SOL	1			
Initiatives	IN	1			
ROPES COURSES- Requires Initiatives (IN)		1			
Cat Walk	ROC	1			
Power Pole	ROP	1			
Sky Coaster	ROS	1			
VINE WALK	ROV	1			
ZIP LINE	ROZ	1			

REQUEST YOUR CLASSES: DUE 4 WEEKS PRIOR TO ARRIVAL! Please meet your deadline.

THREE DAY GROUPS:	
DAYTIME Activities	EVENING Activities
1	1
2	2
3	ALTERNATES
4	1
5	2
6	FREE TIME:
7	Day Recreational Swim (Fee)
8	YES NO
ALTERNATES	
1	
2	

FIVE DAY GROUPS:		
DAYTIME ACTIVITIES		
1	9	ALTERNATES
2	10	1
3	11	2
4	12	
5	13	
6	14	
7	15	
8	16	
EVENING Activities		ALTERNATES
1	3	1
2	4	2

Astrocamp

<p>I have read the Astrocamp Teacher's Packet and agree to support the policies outlined therein.</p> <p>Signature _____ Date _____</p> <p>Page 2 of 2 - FAX TO: 951 659-9843 MAIL: Astrocamp/Logistics, PO Box 3399, Idyllwild, CA 92549</p>

Lead Teacher's Form
DATE DUE:
4 Weeks Prior to your
arrival

SCHOOL'S PRE-ORDER 

SCHOOL NAME: _____ **CAMP DATE:** _____

Lead Teacher/Coordinator: Collect your camper's orders and payments and compile into this ONE FORM.
We request ONE CHECK made payable to "Astrocamp" for the entire order.

Do you wish us to **ship** your order to you? **Yes** ___ **No** ___ (We will ship UPS upon request. There is a \$10.00 handling fee plus shipping costs you will pay / deadline applies.) **We will send you the total due with your shipment. Thank you.**

Prices:

T-Shirts \$15.00
Long-Sleeve T-Shirt \$17.00
Hooded Sweatshirts \$25.00
* Add \$2.00 for XX-Large

Hooded Sweatshirt \$25.00		
Size	Quantity	Total
Small (34-35)		
Med. (38-40)		
Large (42-44)		
X-Lg (46-48)		
XX-Lg (50-52) Add \$2.00		
Total # of Sweatshirts		T: \$

T-Shirts \$15.00		
Size	Quantity	Total \$
Small (34-35)		
Med. (38-40)		
Large (42-44)		
X-Lg (46-48)		
XX-Lg (50-52) Add: \$2.00		
Total # of Shirts:		T: \$


Long-Sleeve T-Shirt \$17.00		
Size	Quantity	Total \$
Small (34-35)		
Med. (38-40)		
Large (42-44)		
X-Lg (46-48)		
XX-Lg (50-52) Add: \$2.00		
Total # of Shirts:		T: \$

Grand Total:
T-shirts: \$ _____
Hooded SS \$ _____
Long Sleeves \$ _____
TOTAL: \$ _____

Thank you for your order!

TOTAL ORDER AMOUNT \$ _____

CHECK NO. _____
This check made payable to "Astrocamp"
Mail or Fax your order on time;
you may pay on a later date or
when you arrive.

See Instructions – Turn Page Over 

ASTROCAMP STORE
Souvenirs 'n Stuff
(Not for Pre-Order)

Clothing with Logo

T-Shirts	\$ 15.00
Long Sleeve T-Shirts	\$ 17.00
Hooded Sweatshirts	\$ 25.00
PJ Bottoms	\$ 22.00
Baseball Hats	\$ 12.00
Stocking Hats	\$ 12.00

Miscellaneous with Logo

Beanie Critters	\$ 7.00
Karabiners	\$ 4.00
Stainless Steel Water Bottles	\$ 10.00
Sport Bottle	\$ 3.00
Astro Disc	\$ 12.00
Magnetic Rocks	\$ 6.00
Bouncy Balls	\$ 5.00
Space Shuttle	\$ 4.00
Post Cards	\$ 1.00

Toiletries / Necessities with Logo

Pencils	\$.50
Chap-stick	\$ 1.00
Shampoo	\$ 1.00
Toothbrush	\$ 2.00

Non-Logo Items:

Camera with Flash	\$10.00
Batteries (each)	\$ 1.00

Food / Drinks

Astro Ice Cream	\$ 4.00
Gatorade	\$ 1.00
Soda (Misc.)	\$ 1.00
Water	\$ 1.00
Misc. Candy	\$ 1.00



Items Above Available for On-Site Purchases Only

Parents / Guardians: You may send cash or a check made payable to Astrocamp with the exact amount you want your child to spend. A refund of cash will be given for purchases made under the amount of your check.

Thank You

THE MEDICAL FORMS

ASTROCAMP

Dear Parents,

Astrocamp is a unique outdoor science program available to the students of your school. Specializing in astronomy and the physical sciences, Astrocamp meets the increasing demand for up to date education on these rapidly advancing fields of science. Where better to learn about the universe than under a clear night sky in the mountains? Classes include light and lasers, rocketry, electricity and magnetism, and a sophisticated observational astronomy evening program, among many others. Astrocamp also has a large pool for microgravity classes and high ropes course for team building. The entire Astrocamp experience is designed to awaken and sharpen student interest in the scientific study of the universe as well as build self-esteem and problem solving skills through safe challenge activities.

Astrocamp instructors all have college degrees and are committed to providing an outstanding program for your student. They are a combination of skilled teacher and fun loving good friend. All staff take the safety of participants seriously and work carefully to insure a safe and fun experience for everyone.

Your support is an important key to a successful Astrocamp experience. If you have questions your school personnel can't answer, or if you would like summer camp information, please call our administrative office.

Sincerely yours,


ROSS TURNER
DESERT SUN
EXECUTIVE DIRECTOR
Guided Discoveries

ASTROCAMP, P.O. Box 3309 Idyllwild, CA 92549 (951) 659-6062 Fax (951) 659-9843
Claremont Office P.O. Box 1360, Claremont, CA 91711 (909) 625-6194 Fax (909) 625-7305

ASTROCAMP OBJECTIVES

ASTROCAMP endeavors to:

- Excite students about science.
- Introduce students to a variety of scientific concepts, principles and theories taken from astronomy, space exploration and physical science.
- Provide hands-on laboratory activities in both traditional and nontraditional settings, wherever possible, using sophisticated scientific apparatus.
- Provide students with an introduction to the universe.
- Explore past, present and future relationships between science, technology and society.
- Provide an opportunity for growth in self-awareness, self esteem and team building through cooperative adventure activities.

Catalog: Janel Day



FILL OUT THE REVERSE SIDE COMPLETELY, SIGN AND RETURN TO YOUR SCHOOL.



PROGRAM COMPONENTS

The Exploration of the Universe - Astronomy and Physical Sciences

The Astrocamp program is composed of a series of one hour, half day, full day and evening labs and field activities.

- | | |
|---------------------------|-------------------|
| Astronomy | Cosmic Lander |
| Rocketry | Expedition Valles |
| Atmosphere and Gases | Marineris |
| Electricity and Magnetism | Ropes Course |
| Light and Lasers | Remote Sensing |
| Micrometeorites | Solar Studies |
| Remote Sensing | |
| Planetarium | |
| Microgravity | |

ASTROCAMP

SCHOOL: _____

STUDENT APPLICATION-MEDICAL FORM

STUDENT INFORMATION Please Print (Complete in full and sign)

Check all applicable conditions of student and explain below

<input type="checkbox"/> Male <input type="checkbox"/> Female			
Student's Last Name	First	Middle Initial	
Street Address (Home)			
City	State	Zip Code	Home Phone#
Cell Phone	Name of Parent or Guardian		
Street Address (Work)			
City	State	Zip Code	Work Phone#
Emergency Contact Other Than Parent			
Name			
Street Address	City	State	Zip
Home Phone	Work Phone	Relationship	
Name of Your Insurance Company		Policy Number	
Address of Insurance Company		Phone #	
Family Physician		Phone #	
Student Age	Height	Weight	

- Allergies (General)
- Allergy to bee stings
- Asthma
- Backaches or weak back
- Bowel or bladder problems
- Carbsa sickness
- Epilepsy or convulsive disorder
- Hay fever
- Headache
- Heart trouble or murmur
- Poison oak
- Respiratory problems
- Sinus trouble
- Sleep Walking
- Vomiting
- Diabetes
- Other

Explain:

Any faint episodes? Yes No
Explain:

Date of last Exam:

What important medical needs should Astrocamp be aware of? Please explain in detail.

RETURN

IMPORTANT: A signature at the bottom of this form by parent or legal guardian is required for participation at Astrocamp.

Student Application and Medical Form continued

Is the student required to take regular medication? Yes No (all medications are administered by the chaperones from the students' own school). Please provide instructions (dose) for administration of medication:

Check those nonprescription medications we may have permission to give your child under the supervision of your child's classroom teacher or chaperone.

Yes <input type="checkbox"/> No <input type="checkbox"/> Kaopectate (for diarrhea)	Yes <input type="checkbox"/> No <input type="checkbox"/> Sucralfate (Precedent)
Yes <input type="checkbox"/> No <input type="checkbox"/> Pepto-Bismol (for upset stomach)	Yes <input type="checkbox"/> No <input type="checkbox"/> Benzetin
Yes <input type="checkbox"/> No <input type="checkbox"/> Milk of Magnesia (for constipation)	Yes <input type="checkbox"/> No <input type="checkbox"/> Sugar free cough drops
Yes <input type="checkbox"/> No <input type="checkbox"/> Sugar Free throat lozenges (for sore throat)	Yes <input type="checkbox"/> No <input type="checkbox"/> Benadryl
Yes <input type="checkbox"/> No <input type="checkbox"/> Orobolol (for sinus issues)	
Yes <input type="checkbox"/> No <input type="checkbox"/> Acetaminophen (Tylenol generic) for headaches or elevated temperatures	

Medical Consent

The student's medical conditions stated on this application are complete and correct. I hereby give permission to ASTROCAMP personnel to administer first aid and to arrange for medical care and treatment in case of a medical emergency. I also give permission to the physician selected by ASTROCAMP personnel to examine, diagnose, and treat or secure proper treatment for the student as the physician shall determine is proper and necessary under the circumstances. A photocopy of this authorization shall be as valid and may be accepted as the original.

Parental Authorization

I have been informed of the nature of the ASTROCAMP program in which the student is enrolled. I understand there are risks associated with the student's participation in the program activities generally described in this pamphlet and transportation to and from the camp, which pose a threat of injury, illness or death. The undersigned is familiar with outdoor sports and activities and the student's abilities and I am not aware of any physical, emotional or mental problem or limitation that would prevent, impair or increase the risks involved in the student's participation in ASTROCAMP activities.

With this knowledge, I grant permission for the student to participate in all camp activities and on behalf of the undersigned and the student I accept and assume the risk and full responsibility for injury, illness, death or loss of personal property or other damage, and medical or other expense resulting from the student's presence at ASTROCAMP.

I hereby release and discharge Gridded Discoveries, Inc., ASTROCAMP, and their agents and employees from liability to us and to the student for any and all losses, damages, and expenses and any injury to person or property, including death, resulting from the student's travel to or from ASTROCAMP and participation in the program.

I agree to direct the student to comply with all ASTROCAMP rules and policies and to cooperate with ASTROCAMP personnel. I understand and agree that if the student fails to comply with the rules and policies, he or she may be expelled from ASTROCAMP and sent home at my, the parent or legal guardian's expense. I also authorize the use of photos taken of my child by Gridded Discoveries in their promotional literature.

Signature _____
Parent or Legal Guardian

Date _____
For the complete and current version of the Astrocamp program, see the website www.astrocamp.com or call 800-451-2222.

TO SCHOOL

THE LOCATION

This unique program is located at ASTROCAMP in the beautiful San Jacinto Mountains of Southern California, one mile from the town of Idyllwild. The campus includes 90 acres of meadows and trees at an elevation of 5,600 feet. The facility has comfortable, heated dormitories with restrooms and showers. Three nutritionally-balanced meals are provided daily in the dining hall.

ASTROCAMP has spacious labs, briefing rooms, gymnasium, ropes course, climbing wall, swimming pool, recreation and outdoor program areas.



THE DAILY SCHEDULE

7:00	Rise and shine
7:30	Breakfast
8:15	Housekeeping of dorms
9:00	Morning program session
12:30	Lunch
1:00	Open recreation
2:00	Afternoon program session
6:00	Dinner
6:30	Open recreation
7:30	Evening session
9:00	Dorm hours
9:30	Lights out

PARENTS COPY



THE ASTROCAMP STAFF

Astrocamp maintains a resident staff of qualified, well trained instructors. All instructors have an appropriate college degree and are trained in first-aid, CPR and water safety. They are enthusiastic and eager to lead your students through this unique science adventure.

RESEARCH GROUPS

All of the Astrocamp programs are conducted by research groups consisting of approximately 15 students. One adult chaperone must accompany each research group. The research groups will be led by an Astrocamp instructor for the entire program which results in a very positive rapport between the students and their instructor. Astrocamp instructors are known for their personal attention to the students.

TRANSPORTATION

Transportation to and from ASTROCAMP is the responsibility of each school.

PARENT'S COPY

NOTE: All gear should be securely packed in a single duffle bag or other suitable luggage.

CHECK LIST

- | | |
|---|--|
| <input type="checkbox"/> Old Shirts | <input type="checkbox"/> Sunscreen |
| <input type="checkbox"/> Shorts | <input type="checkbox"/> Large Beach Towels |
| <input type="checkbox"/> Jeans or Old Slacks | <input type="checkbox"/> Sleeping Bag or Bedding |
| <input type="checkbox"/> Jacket | <input type="checkbox"/> Water Bottle |
| <input type="checkbox"/> Long Sleeve Shirt or Sweater | |
| <input type="checkbox"/> Rain Gear | |
| <input type="checkbox"/> Sleepwear | |
| <input type="checkbox"/> Daily Change of Underwear | OPTIONAL GEAR |
| <input type="checkbox"/> Bath Towels | <input type="checkbox"/> Sunhat |
| <input type="checkbox"/> Wash Cloth | <input type="checkbox"/> Snuggles |
| <input type="checkbox"/> Toothbrush | <input type="checkbox"/> Snorkel Mask |
| <input type="checkbox"/> Toothpaste | <input type="checkbox"/> Clipboard |
| <input type="checkbox"/> Swim Suit | <input type="checkbox"/> Camera |
| <input type="checkbox"/> Soap | <input type="checkbox"/> Insect Repellent |
| <input type="checkbox"/> Shoes | <input type="checkbox"/> Life Therapy |
| <input type="checkbox"/> Pillow | <input type="checkbox"/> Flashlight |
| <input type="checkbox"/> Comfortable Walking Shoes | |
| <input type="checkbox"/> Warm Sleeping Bag | |

WINTER GEAR

- Warm Waterproof Jacket
- Warm Gloves
- Gait Boots
- Water Resistant Shoes (with no stitches)
- Warm Hat
- Wool Socks
- Thermal Underwear

DO NOT BRING THE FOLLOWING

- | | |
|-------------------------|------------------|
| Weapons of any kind | Televisions |
| Shells or Pocket Knives | Radio's |
| Slingshots | Walkie talkies |
| Fire Crackers | Video Games |
| Alcohol | Chewing Gum |
| Illegal Drugs | Sun Flower Seeds |
| Cell Phones | |



MAKE NOTE: Mid June thru August

We Have Summer Camps Too!

Sign Your Student Up

Call Our Office Toll Free For More Information.

CAMP
gives kids
a world
of good.



1-800-645-1423

ASTROCAMP (ages 8-15)

ASTRONOMY • ROCKETRY
SPACE EXPLORATION
ROPES COURSE • ROCK CLIMBING
PHYSICAL SCIENCE LABS
MOUNTAIN BIKING • PHOTOGRAPHY
SCUBA MICROGRAVITY • SUMMER CAMP FUN

Catalina Junior Sea Camp (ages 8-12)

SNORKELING • KAYAKING
MARINE BIOLOGY • ISLAND ECOLOGY
NATURE CRAFTS • SUMMER CAMP FUN

Catalina Sea Camp (ages 12-17)

SCUBA • SNORKELING • MARINE BIOLOGY
OCEANOGRAPHY • UNDERWATER PHOTOGRAPHY
ISLAND ECOLOGY • UNDERWATER VIDEO
SAILING • WIND SURFING

TALL SHIP EXPEDITIONS (ages 10-18)

SAIL THE CALIFORNIA CHANNEL ISLANDS
SAIL TRAINING • SNORKEL • SCUBA
ISLAND EXPLORATION

CALL TOLL FREE! 1-800-645-1423
www.guidediscoveries.org

CHAPERONE WAIVER - ASTROCAMP

We are pleased that you have volunteered to be a chaperone for your group’s upcoming trip to a Guided Discoveries program. We are looking forward to your visit and are confident that you will find the experience worthwhile. Chaperones are critical to the success of the program. While you will have a lot of fun, being a chaperone is hard work and is a big responsibility.

Safety is of paramount concern, but despite training, safety measures and emergency procedures, many of the activities in and around camp carry some inherent risk. It is for this reason that we must insist that each chaperone read the enclosed Release and Waiver of Liability, agree to its terms, sign and date the form. The completed form should be returned to the group leader well in advance of your trip.

WE REGRET THAT WITHOUT SIGNING THE RELEASE AND WAIVER OF LIABILITY, YOU WILL NOT BE ABLE TO ACT AS A CHAPERONE, PARTICIPATE IN THE PROGRAM, OR BE ON CAMPUS.

Following is information describing the nature of the activities of our various programs, and of your responsibilities as a chaperone. Should you have any questions or need any additional information about the risks involved, skills or physical demands required, please call the Program Director of the facility you will be attending.

We are confident of your understanding and cooperation and that you will have a rewarding and memorable experience.

*******GUIDED DISCOVERIES, INC.*******
CAMP PARTICIPANT’S RELEASE AND WAIVER OF LIABILITY

This Release and Waiver of Liability is made in consideration of Guided Discoveries, Inc., (“GDI”) consent to my request to be present, participate in and use the equipment at a GDI camp and programs, (the “Program”).

I have been informed of the nature and activities of the Program in which I will participate which include camping, hiking, swimming, diving, boating and transportation to and from the Program. I understand there are numerous risks associated with my presence, participation and use of equipment, which may pose a threat of serious injury, illness or death. I understand these risks are a part of engaging in the type of outdoor sports and activities which are a major component of the Program. I further understand that it is not possible to list all potential risks that I may encounter while present, participating or using the equipment of the Program, but I am familiar with outdoor sports and activities and my abilities and limitations. I have investigated the Program and know the types of activities in which I will engage and I am not aware of any physical, emotional or mental problem or limitation that would prevent or impair my participation or increase the risks involved.

With this knowledge, I accept and Assume the Risk and Full Responsibility for illness, injury and death, loss of personal property and other damage and expense which may result from my presence, participation and or use of equipment in the Program, whether caused by the negligence of GDI, its agents, employees, landlords, lessors, or representatives, (the “GDI Parties”), or otherwise.

I hereby agree to Release, Waive, Discharge and Promise Not to Sue the GDI Parties, and each of them for any liability to me, my heirs, next of kin and personal representatives, arising from any loss, damage claim or cause of action that may result from my presence, participation and or use of equipment in the Program or activities incidental thereto, and any injury to my person or property, including death, whether caused by the negligence of the GDI Parties or otherwise.

I further agree to indemnify, save and hold harmless the GDI Parties and each of them, from and against any loss, liability, damage or expense, including attorney’s fees, they may incur as the result of my breach of this Agreement.

This Agreement is intended to be as broad and inclusive as permitted by, and shall be construed and governed under, the law of the State of California. If any part of this Agreement is held to be invalid the remaining terms shall remain in full force and effect.

I Have Read and Understand this Agreement and its Legal Consequences and Agree to Be Bound by its Terms.

Participant’s Name (Print) Participant’s Signature Date

School Name _____ Dates of Attendance _____ to _____