



# Armstrong Air & Space Museum

## THE ARMSTRONG EXPLORERS FALL 2019

### APPLICATION INFORMATION

- Please complete this application form and return or mail to the museum. Application and payment required for enrollment.
- The program fee is \$50 per student. The fee covers the 6 week program. Accepted forms of payment via mail will be check or cash. Card also accepted at museum.
- Make checks payable to Armstrong Air & Space Museum.
- All participants are responsible for transportation to and from the museum.
- Registration will be open until program begins or classes are full (20 students per age group)
- Once registered, expect a welcome email near the start date (see reverse)

Please return the application form and payment during your first Armstrong Explorer session or sent to:

Armstrong Air & Space Museum

Attn: Education Department

P.O. Box 1978

Wapakoneta, OH 45895

The Armstrong Explorers is a space-themed STEM experience for first through sixth grade students. There will be six sessions weekly throughout the fall semester where students will participate in workshops, activities, and challenges.

### APPLICATION FORM

Name of Student: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### SCHOOL INFORMATION

Name of School: \_\_\_\_\_

Grade: \_\_\_\_\_

## HEALTH HISTORY

Please list any medical conditions that may affect your child's participation in this program:

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Please list all medication the child is taking or will be taking during this program:

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Please list all allergies (especially food):

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**Participant Authorization:** I have read and understand the application as stated. I hereby waive all claims against the Armstrong Air & Space Museum and its employees and/or volunteer workers for injury, accident, or illness occurring by reason of participation in the hands-on activities at Armstrong Explorers. The Armstrong Air & Space Museum may photograph my child during programs and I hereby consent to the use of these photographs in museum promotional material and media. I authorize any licensed physician, nurse, or hospital to render such medical aid as may be deemed necessary and/or desirable.

Parent/Guardian Signature \_\_\_\_\_ DATE \_\_\_\_\_

(Registration cannot be processed without a signature)

### **ARMSTRONG EXPLORERS FALL 2019 SCHEDULE START DATES**

**GRADES 1-3 – Tuesday, September 10 – 4:30-5:30 PM**

**GRADE 4-6 – Thursday, September 12 – 4:30-5:30PM**