

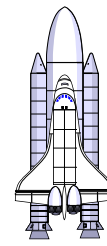
# SPACE CAMP

## 4-H Missions in Space

Huntsville, Alabama

April 19-23 2012

**Boldly go where other 4-H'ers fear to tread...**



- WHAT:** A fun-filled educational weekend at the U.S. Space & Rocket Center in Huntsville, AL: participants will complete a simulated Space Shuttle mission, experience training simulators, tour the U.S. Space & Rocket Center and learn about becoming an astronaut.
- WHO:** Enrolled 4-H members in good standing in their counties who are in grades 6-8 may apply. Adult Advisors will be selected at a ratio of one per ten youth to accompany the group of 100+ youth on the trip. (Interested adults should ask their county 4-H office staff for a State & National Adult Leader Application, due March 1. All adult leaders must be certified Wisconsin 4-H leaders over 21 years of age. Mandatory Adult Leader training workshop will be held March 31, 2012 in Madison.
- WHY:** Explore the fascinating world of space exploration, space science and technology!
- WHEN:** Departure will be morning on Thursday and return to Wisconsin early Monday. A mandatory teleconference orientation is scheduled for 7:00-8:20 pm., Tuesday, March 8, 2012. Details will be provided with a confirmation letter and on the [State 4-H website \(http://www.uwex.edu/ces/4h/events/spacecamp/index.cfm\)](http://www.uwex.edu/ces/4h/events/spacecamp/index.cfm). An optional workshop has been scheduled for 1:30–3:30 p.m., Saturday, March 31, at UW Space Place (Madison, WI) so delegates can meet others from their mission and experience hands-on space exploration activities prior to travel.
- WHERE:** U.S. Space and Rocket Center in Huntsville, Alabama. A motor coach will make pickups at Eau Claire, Wausau, Madison and Milwaukee before traveling overnight to Huntsville. Return sites are the same.
- COST:** Tentative registration fees including coach travel are approximately \$475-500 depending on transportation costs. Final fees will be confirmed and announced in February. Only written cancellations will be accepted. No cancellations can be accepted and no refunds will be issued after February 1. Medical emergencies will be considered for partial refund on a case by case basis. Same-gender substitutions may be made until March 1. Payment is due to your county 4-H office by March 15 written payable to UW-Ext.
- HOW:** Call your county UW Extension 4-H/Youth Development office or go on-line to the Wisconsin 4-H website to obtain a Space Camp (Pathfinder Mission) application. All selections for applicants are made within counties. The completed application must be postmarked to your county Extension 4-H Youth Development office prior to **December 1**. Priority selection will be given to first time applicants; alumni are welcome to apply and will be assigned on a first-come, first-served basis after registration closes on January 14. ALL applicants will be notified of their status (confirmed or on waiting list) shortly thereafter. An expectation form and a health form are due **February 1**.

Program details: During this program, you will travel on a motor coach; sleep overnight on the coach on the return trip; eat in restaurants and a camp cafeteria, share same-gender sleeping and restroom facilities, sleep in double or bunk beds, work with a team of 12-15 similar aged youth to help them solve problems, and read a script aloud during a mock space mission under the guidance of an adult advisor. Youth will be under the direct supervision of adult 4-H volunteers, Wisconsin 4-H staff, Space Camp staff adult counselors and WI 4-H youth counselors. Adult Advisors are assigned at a ratio of 1:10 youth. A Youth Counselor will be assigned to each youth camper lodging room; at least one adult of the same gender will be housed per floor. Both genders will be housed on the same floor. The health staff is a Wisconsin 4-H adult volunteer who has first aid/CPR training. Participants may be able to experience some or all of the following activities: train like the pioneers of Mercury, Gemini, and Apollo; tumble and spin in a Multi-Axis Trainer; float on air in a 5-Degrees of Freedom Chair; walk like Apollo astronauts in a 1/6<sup>th</sup> Gravity Chair; experience a world without friction in the MMU – Manned Maneuvering Unit; explore the past, present and future of space flight; and experience a giant screen IMAX® theater. Activities may also include large group games and running which allow personal contact with other campers; walking or standing for several hours on concrete floors or sidewalks; climbing on an indoor climbing wall with safety equipment; swimming in a hotel pool with non-lifeguard trained Adult Advisors present; writing; public speaking; and performing skits. For more information about Space Camp and to connect to other great links, visit [www.spacecamp.com](http://www.spacecamp.com). Sample schedules can be found in the [Wisconsin 4-H Participant Handbook \(http://www.uwex.edu/ces/4h/events/spacecamp/index.cfm\)](http://www.uwex.edu/ces/4h/events/spacecamp/index.cfm).

PARENTS/GUARDIANS: Requests for reasonable accommodations for disabilities or limitations should be made prior to the date of the program or activity for which it is needed. If you need an interpreter, materials in alternate formats or other accommodations to access this program, activity or service, please contact Outreach Specialist Kay Hobler at (608) 262-1557 as soon as possible preceding the scheduled event so that proper arrangements can be made in a timely fashion. Note that meals are prepared in institutional kitchens where cross contamination of nut, wheat, or other food product residue could occur, making it impossible to guarantee certain food-allergen-free meals. All requests are kept confidential.

An EEO/AA employer, University of Wisconsin Extension provides equal opportunities in employment and programming, including Title IX and American with Disabilities (ADA) requirements.

# SPACE CAMP APPLICATION

## WISCONSIN 4-H YOUTH DEVELOPMENT

### 4-H MISSIONS IN SPACE: PATHFINDER PROGRAM, HUNTSVILLE, ALABAMA

Depart Thursday morning, April 19; return Monday morning, April 23, 2012.

Note: This is an application only. Priority selection will be given to first time applicants; alumni are welcome to apply and will be assigned on a first-come, first-served basis after registration closes on January 10.

All applicants will be notified of their status soon thereafter.

#### PLEASE PRINT CLEARLY WITH BLACK INK

Name \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Gender  Female  Male Date of Birth \_\_\_\_\_ Age (at time of camp) \_\_\_\_\_  
Check grade currently attending:  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>  
Race/Ethnic Code, optional (used for statistical purposes only):  
Ethnicity (check one):  Hispanic  Not Hispanic  
Race (check all that apply):  American Indian/Alaskan Native  Asian  Black/African-American  
 Hawaiian/Pacific Islander  White  Two or more races  Other \_\_\_\_\_  
Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Evening Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Fax Number ( \_\_\_\_\_ ) \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Parents/Guardians \_\_\_\_\_

T-shirts are adults sizes and are 100% cotton so they run small (sorry, size "small" is unavailable.)

Medium (36-38)  Large (40-42)  X-Large (44-46)  2X (48-50)  3X (52-54)

Are you or have you been enrolled in a 4-H Aerospace project?  Yes  No

Number of years in the Aerospace project \_\_\_\_\_ Attended WI 4-H Space Camp before:  Yes  No

I wish to board the bus at:  Eau Claire  Madison  Milwaukee  Wausau

I wish to get off the bus at:  Eau Claire  Madison  Milwaukee  Wausau

\_\_\_\_\_  
Signature of person attending program

\_\_\_\_\_  
Please print name

\_\_\_\_\_  
Parent or Guardian's signature

\_\_\_\_\_  
Date

Keep a copy of your completed application for your records.

**Postmark or deliver to your County Extension 4-H Office by December 1, 2011**

Note to County Extension 4-H Staff: By registering your county's Space Camp selected applicant registration(s) on-line **between January 3-10, 2012** you are certifying he/she is enrolled and in good standing in your county 4-H program and will represent your county well in your estimation. Website and pass code information will be distributed in Youth Line before January 1.

Space Camp, Huntsville, Alabama, April 19-23, 2012

## University of Wisconsin Extension 4-H

### Youth Development Programs

#### EXPECTATION STATEMENT FOR YOUTH ON UW-EXTENSION SPONSORED TRIPS AND EVENTS

*This form applies to all youth on UW-Extension sponsored trips or events. The youth, by signing this form, agrees to conduct him/herself in a responsible manner and abide by all expectations as stated.*

#### **Youth responsibilities:**

1. Attend and participate in program orientation; prepare for the program in advance.
2. Be on time and participate in all scheduled sessions including workshops, recreation, evening activities and delegation meetings. Those not feeling well or having a schedule conflict must inform an adult leader.
3. Bring back ideas and experiences to share with county's youth and/or adult leader groups.
4. Cooperate with the adult advisors' and program staff's leadership. Contact the adult advisor in regard to any conflict or problems during the event.
5. Show respect and courtesy for programs and speakers in progress by remaining for the entire program and be courteous when taking flash photos during speeches and entertainment.
6. Be respectful of public property and the facilities used during the activity or event. Be responsible for your own property.
7. Behave in accordance with applicable federal, state and municipal laws.
8. Behave in ways that are acceptable to other delegates, adult advisors and hosting organizations and uphold high standards for the group by respecting the ideas, abilities and bodies of others. Use of language and gestures found to be objectionable to others is not permitted.
9. Refrain from participating in Initiation ceremonies, hazing, harassment, and other behaviors that involve humiliation or embarrassing another person. Such activities will not be tolerated.
10. Remain on the premises or assigned program area throughout the program; unauthorized absence is not permitted.
11. Visiting or leaving the premises with non-registered persons is discouraged. Adults in charge must be notified in advance by the participant's parent/guardian if guests are expected.
12. Refrain from driving any vehicle during the event without expressed permission of the group advisor.
13. Wear program nametag to all program activities unless removal is specified. Use good judgment in selecting clothing appropriate for weather and occasion, abiding by any established dress code. Clothing that is revealing or with obscene language/pictures or with drug, tobacco or alcohol advertising is never allowed.
14. Abide by the lodging assignments for the entire event for easy location in emergency. No room switching is allowed.
15. Abide by established written curfew and quiet times or by adult advisor's spoken word. (Curfew means being in the assigned room with the lights out.) Be quiet and considerate of others when they wish to sleep. Do not order food to be delivered after curfew.
16. Respect the privacy of others. Visiting sleeping rooms of any member of the opposite sex is forbidden.
17. Youth are encouraged to interact with all members of the group and not pair up with another person. Necking, kissing and other displays of personal affection are in poor taste and will not be tolerated. Refrain from all sexual activity during the program.
18. Possessing, using and/or being in the presence of alcohol, tobacco, fireworks, weapons, illicit drugs or medication(s) unapproved by program staff will result in disciplinary action for the offender(s). Adult advisors must be informed of all prescription medications present during the program.

#### **Participants and their families understand the adult chaperone's role is:**

1. To serve as an advocate for the participants;
2. To maintain regular contact with participants to monitor health, attitude, problem situations, behavior, etc.;
3. To be aware of all prescription medication; but not to dispense medication;
4. To make appropriate decisions in emergency situations to enhance the health and well-being of the participants;
5. To have responsibility to determine the occurrence of inappropriate behavior and take appropriate actions as follows.

(over)

**Chaperones will take the following steps for violations of this Expectation Agreement:**

1. Counsel involved participants to reach an understanding and stop the inappropriate behavior;
2. Take disciplinary actions at the time of occurrence. This will not include physical punishment but might consist of restriction of privileges, restriction to an assigned area, apology to the group, additional duties, etc.;
3. Inform parents and local Extension personnel of misbehavior at time of occurrence if chaperon feels severity of situation warrants such immediate notification; and
4. When the infraction is serious, decide as part of a committee of at least two adults to remove a participant from the program and send him/her home immediately. (Participants removed from the program will wait for transportation at the General Headquarters or other area designated by program representatives.)
5. Write a letter describing disruptive behavior to be sent to the participant’s parents, the state 4-H office and the county 4-H office within ten (10) days after the event concludes.

**Consequences of disciplinary action:**

1. Families of participants removed from the program will be responsible for the participants’ transportation, including bus/plane fares and supplemental “Unaccompanied Child” fares or expenses for a chaperon. Event registration, lodging or other participant fees will not be reimbursed.
2. If damage/destruction of property occurred, participants will be assessed for the cost of damages and repairs.
3. Participants removed from the program may be required to relinquish all funds donated to help meet his/her financial obligations for the event.
4. Youth who do not follow the guidelines in this Expectation Agreement while participating in a 4-H event may be required to appear before a county Disciplinary Review Committee in addition to consequences that occur during the event.
5. Disciplinary action may result in restricted opportunity to participate in future 4-H related activities for the involved members.
6. Youth who break public laws will be dismissed from the program and will be subject to legal action by law enforcement authorities.

**Youth Statement of Agreement:**

I have read and understand this Expectation Agreement and will abide by it.

\_\_\_\_\_  
Youth Participant’s Signature

\_\_\_\_\_  
Date

**Parent/Guardian Statement of Agreement:**

I have read and understand the rules and penalties in this agreement and agree to be bound by them. SPACE CAMP facilities at the [U.S. Space and Rocket Center in Alabama \(www.spacecamp.com\)](http://www.spacecamp.com) and AVIATION CHALLENGE facilities in Alabama are occasionally visited by the news media, video and film crews, or photographers hired by Space Camp for the purpose of taking promotional or publicity photographs, video or film. There is a possibility that students and adults attending programs will be photographed. I give my consent to authorize the Wisconsin 4-H Youth Development, Alabama Space Science Exhibit Commission and the U.S. SPACE CAMP Foundation or any entity or person authorized or designated by them the use and reproduction of any and all photographs, video or film taken of the person named above during program training activities and related activities. I understand there will be no compensation for us. All negatives and positives, together with said prints, video or film are the property of the Wisconsin 4-H Youth Development and/or U.S. Space & Rocket Center or the entity or person authorized or designated by it, solely and completely. I also waive any right to inspect or approve any photo, video or film taken during the visit. I affirmatively release and discharge state 4-H Youth Development, the Alabama Space Science Exhibit Commission and/or the U.S. Space Camp Foundation from responsibility for any distortion or manipulation, whether intentional or otherwise, of photos, video or film taken of this participant during his/her trip I also understand that no personal information about the participant, such as name, age or address, will be used with photos or videos in any promotional program materials unless expressed permission is granted. However, photos may be released to county Extension staff for local publication where participants may be identified.

\_\_\_\_\_  
Parent/Guardian’s Signature

\_\_\_\_\_  
Date

Address and telephone where parent or guardian can be reached during this program:

Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Daytime phone: (\_\_\_\_\_) \_\_\_\_\_ Night phone: (\_\_\_\_\_) \_\_\_\_\_

**Must be postmarked by February 1,  
to WI 4-H Outreach, 436 Lowell Hall, 610 Langdon St., Madison WI 53703**

## University of Wisconsin Youth Event Health Form Event

<b>Event Name : WI 4-H Space Camp</b>	<b>Event Date(s): April 19-23, 2012</b>
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### Contact Information

Youth Name (last name, first name)	Youth Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Birth Date (m/d/y)	Age on 1st Day of Event
Parent/Guardian Name (last name, first name)	Address (street, city, state, zip code)		Email
Home Phone	Work Phone	Cell Phone	
Second Parent/Guardian Name	Second Address		Second Email
Second Home Phone	Second Work Phone		Second Cell Phone

### Health Conditions

<input type="checkbox"/> Heart: include if physician denied or restricted sports participation	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Dizziness or Fainting	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Cognitive or Developmental Please describe:	<input type="checkbox"/> Psychiatric Please describe:	<input type="checkbox"/> Muscular/Skeletal Please describe:	<input type="checkbox"/> Other Please describe:
			<input type="checkbox"/> Asthma: Is an inhaler required and carried by the youth? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Allergies

<input type="checkbox"/> Insect (bee) stings	<input type="checkbox"/> Foods	Please list the allergen and describe the reaction:	Is an EpiPen® required and carried by the youth? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Medications	<input type="checkbox"/> Other, please describe:		

### Insurance and Tetanus Booster Information

1. Name of Insurance Company
2. Policy Number
3. Date Of Last Tetanus Booster Shot:

### Accommodations and Special Instructions

1. Does the youth require an accommodation to participate in this event? Please describe:
2. Please describe any limitations or restrictions regarding the youth's participation in event activities.
3. Is there any other information you want to share?

## Medications

Parent/Guardian: Some programs may choose to have limited over-the-counter medications available. Please select which medications can be provided, if they are available.	Acetaminophen (Tylenol) <input type="checkbox"/> Yes <input type="checkbox"/> No	Hydrocortisone (anti-itch) cream <input type="checkbox"/> Yes <input type="checkbox"/> No	Benadryl <input type="checkbox"/> Yes <input type="checkbox"/> No	Ibuprofen <input type="checkbox"/> Yes <input type="checkbox"/> No
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## Medications Youth is Bringing to Event

Prescription Medication Name	Purpose	Dosage (mg)	Times of day given	Side Effects	Prescribing Physician	Physician Phone Number

Please describe any special instructions or additional information regarding medication:

## Consent for Medication Treatment and Medication Administration

### TO THE PARENT(S) OR LEGAL GUARDIAN(S):

If your son, daughter, or ward will be under the age of 18 while at the University of Wisconsin, it is event/camp policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device can be self-administered or be administered by designated camp health staff with the exception of controlled drugs, **All medication must remain in the original packaging** (bottle labeled with the youth participant's name, doctor's name, medication name, dosage, prescription number, date prescribed, and instructions). A limited amount of medication for life-threatening conditions may be carried by the youth (i.e. EpiPen®, inhaler, etc.). **Please select one option below:**

- No medication(s) has been brought to event/camp.
- The youth participant if age 14 or older, may administer the medication or operate the medical device. Please note that controlled drugs (i.e. Codeine, Ritalin, Adderall, Dexedrine, etc.) must, by law, be administered by health staff.
- The designated health care staff will administer the medication or operate the medical device.



**If your son, daughter, or ward will be under the age of 18 years while at the event/camp, it is our policy to secure your consent for all of the following. By signing below as parent/guardian,**

- I am giving my consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- I confirm that I have read the program description and that the youth can participate in planned activities.
- I am aware of and accept the risk inherent in the program activity.
- I attest that all information on both sides of this form is correct.
- I agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin, their officers, agents, and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred or required arising out of the actions of my son, daughter or ward in the course of the event/camp.

Youth Name	Signature of Parent Guardian	Date
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### • To be Completed by Event Staff at Check In

Are there any changes in the youth's health status, medications or other related information since this form was completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will the parent, guardian or Emergency Contact be available at this number during the event? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Must be postmarked by February 1,  
To WI 4-H Outreach, 436 Lowell Hall, 610 Langdon St., Madison WI 53703**