

## RCA Youth Astronomy Academy Application

Thank you for your interest in attending the Rose City Astronomers Youth Astronomy Academy. You will be notified shortly after submitting your application regarding your acceptance into the Academy and for additional class details. All registration fees must be received prior to the first class. Applications and questions should be directed to: Katherine Kornei, RCA Youth Program Director – [youth@rosecityastronomers.org](mailto:youth@rosecityastronomers.org)

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

Mailing Address: \_\_\_\_\_ City / Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Year in school: \_\_\_\_\_ School Attending: \_\_\_\_\_

Introduction to Observing      FEE: **\$50**

If your family is not currently a member of RCA, additional FEE of **\$12** for RCA Student Membership

**On separate page, please answer these questions:**

1. Why are you interested in attending the Astronomy Academy?
2. What education or experience do you have in astronomy – and using a telescope?
3. What would you like to learn at the Astronomy Academy?
4. Are you in need of financial assistance to help with registration fees?

**Personal reference** – someone (a teacher or other adult) who knows you and can assure us that “*you are a good student who would benefit from attending the Astronomy Academy.*”

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

Relationship to Applicant: \_\_\_\_\_

**Parent / Guardian** – I hereby certify that the applicant has permission to enroll and attend the RCA Youth Astronomy Academy and hereby release, wavier and discharge the Rose City Astronomers, and all of its instructors, officers, directors, agents, and volunteers from any and all liability to the applicant, and to all the applicant’s legal representatives, assigns, heirs, and next of kin for damage and injury to the applicant or to any person or property arising out of participation in the Academy and related activities.

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

Date: \_\_\_\_\_

Phone(H) \_\_\_\_\_ Phone(W) \_\_\_\_\_ Phone(C) \_\_\_\_\_

**Other Emergency Contact Name:** \_\_\_\_\_

Phone(H) \_\_\_\_\_ Phone(W) \_\_\_\_\_ Phone(C) \_\_\_\_\_

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Scan and submit completed application via email (preferred) to [youth@rosecityastronomers.org](mailto:youth@rosecityastronomers.org) and pay fees online at <http://rosecityastronomers.org/youth/YAA.htm>. To submit application and/or check via postal mail, contact [youth@rosecityastronomers.org](mailto:youth@rosecityastronomers.org) for instructions.