



# Central Valley Astronomers, Inc.

## Young Astronomers Program 2020 Application

Thank you for your interest in the Young Astronomers Program of the Central Valley Astronomers! Please fill in the following sections completely. You are applying for the 2020 program year. **Your completed application must be received at the address below no later than October 31, 2019!!!**

Mail the completed application to: Scott J. Davis  
3671 N. Laverne Ave.  
Fresno, CA 93727

### Section 1 – Student Basic Demographic Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

Do we have permission to take and use photographs and video of the student for marketing purposes? The student will not be identified by name on any photographs or video we use. Circle one:

Yes                      No

### Section 2 – Parent/Legal Guardian/Emergency Contact

If the student is a minor (under the age of 18) as of September 1, 2019, the parent must complete this section and sign. If the student is an adult (age 18 or over), an emergency contact must be provided but no signature is required in this section.

This person is a (circle one):    Parent/Legal Guardian      Emergency Contact

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Relationship to Student: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**If Parent/Legal Guardian:** I agree to allow my child to participate in the Young Astronomers Program of the Central Valley Astronomers. I also understand that I am responsible for transporting my child to/from all Young Astronomers Program events until my child turns 18, even if he/she has a license to drive.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I agree that:    ▶ I am submitting my application for consideration for the Young Astronomers Program.  
                         ▶ I understand that program capacity is limited and the decision of the Central Valley Astronomers education team will be final.

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

