Attention Fourth Grade Teachers!

Casper Mountain Science School is offering a five-day field science experience this summer. Students will spend the week in nature this summer learning about plants, animals, rocks, and fossils.

What? An elementary field science class facilitated by the Casper Mountain Science School and staffed by local educators.

Who? For current fourth graders with an interest in science and nature. This year we have 20 spots available for students across the school district.

Where? We will travel around the Casper area to field trip sites and learn about local plants, birds, animals, rocks, and fossils. Last year we visited Edness Kimball Wilkins State Park, Casper Mountain, Bates Creek, and Alcova.

When? June 20-24, 2016, 8:45 a.m. to 4 p.m. daily.

Last summer’s class, our first, was well received by our students and fun for the teachers. This year we are offering it to any fourth grader in the district. Because of the limited size of our program we are asking teachers to help us select applicants. We are looking for students that need and want this kind of experience.

Please encourage your students to complete the attached application and send it in. Selection is based on a first-come, first-served basis of completed applications. The cost for the class is $120 and some scholarships are available. Feel free to print the attached application packet for the student or send them to our website at: caspercollege.edu/cmss.

Thank you for your assistance.
For more information, please contact Jessie Anderson, jessiewyo@wyoming.com or Evert Brown, ebrown@caspercollege.edu.

We look forward to having your student at Casper Mountain Science School!
Casper Mountain Science School
Registration Form

Student legal name: ___________________________________________ M/F (circle one)  
Last   First   Middle

Date of birth:_________________________ Age:_____________ SSN:____________/___________/___________
(optional)

Address:____________________________________________City: ________________ State: _______ Zip: ___________
(Please provide complete information to ensure delivery)

School currently attending:_____________________________________________________________________________

Teacher:___________________________________________________________________________________________

Parent/guardian:_____________________________________________________________________________________

Address:____________________________________________City: ________________ State: _______ Zip: ___________
(If different from above)

Parent’s phone: (H)__________________________ (W)__________________________ (C)_________________________

Email (parents):____________________________________________________________________________________

By signing below, I acknowledge that the application has been correctly completed and I endorse my child’s participation at the Summer 2016 Field Science Program with Casper Mountain Science School.

Parent/guardian signature:_______________________________________________ Date:________________________

Emergency Contact Information
In case of emergency and the parent/guardian cannot be notified at the above phone number, please contact:

Parent/guardian signature:___________________________________________  Relationship: ______________________

Phone: (H)____________________________ (W)____________________________ (C)___________________________

Important Information – Photo Release
As parent guardian, I understand that when participating at Casper Mt. Science School, my child will be photographed for print, video or electronic imaging. I understand that the images may be used in promotional materials, news releases and other published formats, and I waive any right to receive compensations for the use of said photographs and/or video.

Parent/guardian signature:___________________________________________________ Date:_______________________

Please complete both sides
Casper Mountain Science School
Emergency Contact and Medical Information Form

STUDENT INFORMATION:

Student name: ___________________________________________  Age: _______ Grade: ________   M/F (circle one)

Address:____________________________________________City: ________________ State: _______ Zip: ___________

In case of emergency and the parent/guardian cannot be notified at the, please contact:

Parent/guardian signature:___________________________________________  Relationship: ________________________

Phone: (H)____________________________ (W)____________________________ (C)___________________________

Medical Information

Physician’s name  _____________________________________ Physician’s phone  ________________________________

Please list any required medications, allergies and special health considerations.

_________________________________________________________________________________________________

_________________________________________________________________________________________________

Consent for Emergency Medical Care

I affirm that I am the child’s legal parent or guardian. I release Casper Mountain Science School (CMSS) from any responsibility for medical or related travel expenses, which occur during or are related to this activity. I give my permission for an authorized representative of the CMSS to sign for emergency treatment for my child. This form will provide for immediate and all medically necessary treatment. I authorize all medical and surgical treatment, x-ray, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatments. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

_________________________________________________________________________________________________

Parent/guardian signature             Date

Insurance Information

One of the following must be checked.

☐ I, as legal parent/guardian, state that my child is covered by medical insurance, to include accidents through a policy issued by the following insurance company:

Name of insurance company:  ____________________________________Group/Policy # ___________________________

☐ This is to inform you that my child is not covered by any medical insurance and I will accept the full responsibility for any and all medical costs should such be associated with this activity.

Please return to:
Evert Brown, Casper Mountain Science School
125 College Drive
Casper, WY 82601