Attending SCIVIS 2008 can be a great experience for both the student and the chaperone. Chaperones are normally teachers of the visually impaired, orientation and mobility instructors, Brailists, aides, and classroom teachers. Parents of SCIVIS attendees are not allowed to be chaperones. SPACE CAMP will provide all chaperones room and board and, in return, the U.S. Space and Rocket Center will expect your services as vision professionals. Your expectations are as follows:

- All chaperones that are responsible for students attending SCIVIS are expected to stay on the grounds at the U.S. Space and Rocket Center. Sleeping quarters for both chaperones and trainees (called the Habitat) are crowded with as many as six people per room. Bunks are structured in a 2-down (floor level) and 5-up (upper bunks) arrangement. Agility, perseverance and flexibility, both physical and emotional, are qualities needed to survive in the Habitat. Small lockers, sometimes only one, are provided for stowing your gear. All children and adults should bring a lock to store your valuables. Shower shoes and bathrobes have proven to be essential items. Your presence with your team may be required both day and night. Please do not come expecting to take a week off, believe me, this is not the case.

- The primary reason for your participation at the Space and Rocket Center is first, to chaperone your team, and second, to act as an advisor to the staff at SPACE CAMP. Your expertise is needed in situations that deal directly with safety issues and adapting the environment for our students. When not directly needed by the staff the chaperone will fade into the background and be available, as needed. The staff at SPACE CAMP is directly responsible for the children. Discipline matters will be handled by Space Camp Staff. You are there as a technical advisor and to deal with situations regarding their disability and unusual behaviors. You are responsible for your students the entire time at Space Camp. You may be asked to help chaperone other children during the week.

- SPACE CAMP also offers the opportunity to mingle with other vision professionals and exchange ideas. About 60 vision professionals are expected this year.

- As you know, medications are a major issue for our students. Our philosophy will be somewhat different than the normal procedure at SPACE CAMP. It will be the responsibility of each group chaperone to provide the guide duties to and from SICKBAY. If an individual chaperone is responsible for specialized medication, i.e. injections, then that chaperone must report to SICKBAY also. All medications MUST be stored at SICKBAY.

- Please remember that during your stay at SPACE CAMP you are considered to be on duty 24 hours a day. Students and chaperones have had to make trips to the hospital at all hours. Please make sure someone from your state is available at all times.

- Different states and countries will be teaming up with each other to make teams. Those chaperones will be needed, mostly during mission practices and the actual mission, but also during other student activities. While duties to your individual state team will take priority, we still will need your expertise as a vision educator to aid in technical assistance. Some duties may be:
  - Braille interpretation and labeling for missions, graduation certificates, etc.
  - Pool and lake duty for all programs and students (bring your bathing suits)
  - Sighted guide for medications, etc.
  - Low vision assessment and equipment setup

- The worst time for accidents to occur is during periods of inactivity. These are few and far between, usually occurring during early arrival and late departure, but when they occur please keep your students under direct supervision.

- If you are an early arrival please use the time to orient your students to the Habitat facility. Restrooms and showers are located on each floor of the Habitat. The grounds at the U.S. Space and Rocket Center do not lend themselves to quick orientation. Students should not be allowed...
to roam about unsupervised--**NEVER** in the Mission Control Center. The rule of thumb for students is: *If you are alone, you are in the wrong place.*

- All chaperones should bring a work kit of scissors, slate & stylus, and a Braille cheat sheet (if needed).
- Chaperones please inform your students that smoking and public displays of affection (PDAs) are not tolerated at Space Camp. Students are there to learn about math and science and couple interaction will not be tolerated.
- With the exception of specially designed chaperone programs, all activities scheduled are for the students. We realize that Space Camp can be an exciting time for chaperones too, but please do not make a pest of yourself. Ask the team leader and, if time allows, they will consider your request for further participation. Remember your main role is to fade into the background and appear when needed as a technical advisor.
- Sighted children who are friends, siblings, or other family members can also attend at the same cost and take advantage of the group rate. All registration will be handled through Dan Oates at the West Virginia School for the Blind.

| **One simulator, the Centrifuge, has G-forces in excess of 4 G's.** The eye consultant for the U. S. Space and Rocket Center strongly advises you not to let children experience this simulator when they arrive at Space Camp or after graduation. It is during these times that children and their chaperones have the opportunity to roam freely about the facility. It is also during this time that chaperones have allowed their children to "go off" by themselves and explore independently. In the past it has been these times that children have simply walked onto these simulators without supervision. During the week this simulator will be closed to children in our program. If you, in the role of a chaperone, accept the responsibility for children "riding" this simulator or give them permission to roam independently about the facility, then you will also be accepting the responsibility for any adverse effects that anyone may suffer as a result of the Centrifuge. As hard as we try to get the word to the workers at these simulators, it is both impossible and impractical for them to question all children before entering this simulator. |

If I can be of any service to your **SPACE CAMP** team prior to your arrival, please let me know. Lynn Schwartz can be reached at her office (250) 768-5121 or at her home number (250) 707-0856 during the evenings or (e-mail: lschwart@sd23.bc.ca). My cell phone number is (250) 718-5575.

Thank you for your interest in this very special program.

Lynn Schwartz
NAME (as you would want it to appear on your name tag): _________________________________

ADDRESS: ____________________________________________________________

CITY: __________________________ STATE: ________ ZIP: __________

HOME PHONE: ______________________ WORK: ______________________ CELL: ______________________

FAX NUMBER __________________________ E-MAIL ADDRESS __________________________

Number of Students in Group:  
Space Camp (Grades 4-6) ______  
Space Academy, (Grades 7-12) ______  
Advanced Academy (Grades 10-12) ______  
Aviation Challenge, MACH 1 (Grades 4-6) ______  
Aviation Challenge, MACH 2 (Grades 7-12) ______  
Aviation Challenge, MACH 3 (Grades 10-12) ______  
Total ______

This year a registration fee will be charged to all chaperones in the amount of $50. The number of students listed below should match your individual or group transportation form.

<table>
<thead>
<tr>
<th>Chaperone Fee</th>
<th>$50.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Number of Students you are personally responsible for:</td>
<td>____________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Check #</th>
<th>for teacher (name)</th>
<th>check name, (person, organization, school)</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

Is the chaperone fee included in another check: no _____, yes _____ if yes, fill in below: 

<table>
<thead>
<tr>
<th>Check #</th>
<th>for teacher (name)</th>
<th>check name, (person, organization, school)</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td>____</td>
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</tbody>
</table>

*Transportation and special needs issues will be addressed individually.

Lodging accommodations at Habitat One are bunk beds arranged in a 5 up, 2 down design. If you are unable, due to physical limitations, to sleep in a top bunk, please indicate below.

Request for bunk bed: TOP ________  BOTTOM: ________ NO PREFERENCE: ________

I have read the attached documents and understand the "Chaperones Responsibilities and Duties", the concerns about simulators and campers being given free time during early arrival and late departure.

__________________________  __________________
Chaperone Signature  Date

Please return this form and all others to:
Dan Oates, SCI-VIS
P. O. Box 1034
Romney, WV 26757
(304) 822-4883 office, (304) 822-4410 home, FAX: 304-822-4989, cell (304) 851-5680
e-mail: scivis@atlanticbb.net

All Chaperones are requested to fill out a health form and return to Dan before Space Camp. A doctor’s signature is not necessary for chaperones, unless you have a health concern that is unusual or needs monitoring.
Chaperone Health Form for SCIVIS 2008

Chaperones are not required to have physical for attending Space Camp but we are requesting that you fill out the form below so that information will be available in case of emergency. A physician’s is not required for chaperones. Please return all forms to Dan Oates, P. O. Box 1034, Romney, W. Va. 26757. This form is due Aug. 11, 2008

**PLEASE PRINT:**

| Chaperone:  | ___________________________________ |
| Last Name   | First Name | M.I. |
| Age:       | DOB:       | Sex: |
| Address:   | ________________________________________ |
| City:      | State:  | Zip: |
| Day Time Phone: | ( ) _______________________ |
| Evening Phone: | ( ) ___________________ |
| Cell Phone, if available for use while at Space Camp: | ( ) ___________________

Emergency Contact: ________________________________

Relationship to Trainee: __________________________

Phone: ( ) ____________________________________

Is Trainee covered by health insurance: Yes____ No_____

Please attach copy of insurance card or claim form.

List all medical conditions and physical or learning disabilities, other than blindness:  

________________________________________________

________________________________________________

________________________________________________

________________________________________________

________________________________________________

________________________________________________

________________________________________________

________________________________________________

________________________________________________

________________________________________________

Drug Allergies: ___________________________________

________________________________________________

Food Allergies: ___________________________________

________________________________________________

Diet Restrictions: _________________________________

________________________________________________

Are immunizations up-to-date? Yes___ No___ If no, please attach an exemption form or explanation.

Date of last tetanus booster: _______________________

Prescription medications trainee will require while at camp:

________________________________________________

________________________________________________

________________________________________________

________________________________________________

________________________________________________

________________________________________________

________________________________________________

________________________________________________

________________________________________________

All prescription, over-the-counter medications, vitamins, and herbal products are collected and administered by nursing staff and MUST in original containers with labels and dispensing instructions in English. Individuals requiring injections should provide medications, syringes, and written instructions signed by physician.