



The National STEM Academy at the Museum of Aviation Presents:

# The 30th GEORGIA ANNUAL YOUNG ASTRONAUTS' DAY

Date: Saturday, May 4, 2019

Time: 9:00 am – 2:00 pm

Grades: 1<sup>st</sup> – 6<sup>th</sup>

Cost: \$40



## Celebrating 30 years of Young Astronauts' Day and The 50<sup>th</sup> Anniversary of Apollo 11's Lunar Landing!

**Pre-Registration Is Required!**

If you are registering 20 or more students, the deadline will be April 1, 2019.

### **PRE-REGISTRATION:**

In order for YAD to be successful, all groups and individuals must have an adult who will be responsible for organizing pre-registration. For explanation purposes, the following pages refer to this person, whether it is for a group or an individual, as the “Organizer”. The Organizer will be the main point of contact. If you are registering 20 or more students, the deadline will be April 1, 2019. We will need that group registration on or before April 1, 2019.

### **FLIGHTS AKA WORKSHOPS:**

Please see listed on page 3 the “flight”/workshop descriptions with suggested grade levels. Each participant will be assigned one flight. We ask each participant to select the two flights he/she prefers most. We will try to place each participant in one of his/her preferred flights, but it is not guaranteed. Please list preferred flight on Registration Form by color (blue, red, and yellow, green, purple). **Participants are not allowed to switch from flight to flight.**

### **RELEASE AND WAIVER FORMS:**

All participants must submit a completed Release and Waiver Form (page 5) signed by his/her parent or guardian. Please be sure there is an emergency contact number where the participant's **parent/guardian can be reached on May 4, 2019.**

### **LUNCH ORDERS FOR ADULTS:**

Parents or guardians who wish to attend YAD **and** purchase a lunch must state that on Registration Form and send payment of \$5 per lunch with Pre-registration Packet.

### **PAYMENT:**

The fee for Young Astronauts' Day is \$40 per participant which includes an opening ceremony, one flight (3 workshops) and lunch. Please make checks payable to “MOA Education Center.” Please note on the check that it is for Young Astronauts' Day. Payment, including payment for all participants and any adult lunch orders, must accompany Pre-registration Packet.

**All payments are non-refundable.**

### **PLEASE REGISTER ONLINE OR SUBMIT PRE-REGISTRATION PACKET TO:**

The Museum of Aviation Education Center

P.O. Box 2469

Warner Robins, GA 31099

Attn: Candi James

If you have any questions, please contact Candi James at 478-926-5558 or e-mail [cjames@museumofaviation.org](mailto:cjames@museumofaviation.org)

30 YEARS  
YOUNG  
ASTRONAUTS' DAY





# 30th GEORGIA ANNUAL YOUNG ASTRONAUTS' DAY



**Date: Saturday, May 4, 2019**

**Time: 9:00 am – 2:00 pm**

**Grades: 1<sup>st</sup> – 6<sup>th</sup>**

**Point of Contact: Candi James 478-926-5558**

**E-MAIL: [cjames@museumofaviation.org](mailto:cjames@museumofaviation.org) WEBSITE: [www.museumofaviation.org](http://www.museumofaviation.org)**

## **Organizer/Parent/Guardian Responsibility:**

**The Organizer/Parent/Guardian** is responsible for submitting completed Registration Packet for all groups or individuals to the Education Department at the Museum of Aviation and the packet should include:

- **“Registration Form”** listing each participant and preferred Flight.
- Signed **“Release and Waiver Form”** for each participant.  
Be sure the phone number listed on Release and Waiver is good for Saturday, May 4, 2019.
- **Payment in full for all participants (\$40 each).** Payment in full for all adult lunch orders (\$5 each).  
**All payments are non-refundable**
- **If you are registering 20 or more students, the deadline will be April 1, 2019. We will need that group registrations on or before April 1, 2019.**

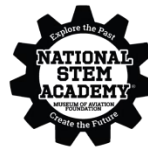
**The Organizer** is responsible for accompanying participants inside the Century of Flight Hangar for check in as well as picking up the participants at 2:00 from the building that is listed on their dismissal card.

## **Participants’ Rules and Requirements:**

**Participants are required to:**

- Have FUN!
- Wear their YAD Flight Name Tag at all times.
- Attend only the workshops in their assigned flight.
- Stay with the group of their assigned flight at all times.
- Remain in an orderly manner during the entire day.
- Respect other Museum visitors, participants, workshop leaders and supervisors at all times.

**30 YEARS  
YOUNG  
ASTRONAUTS' DAY**



## FLIGHT LIST

Below is a list of Flights. This list is subject to change based on availability of volunteer workshop leaders. Please indicate your preferred flight, by color, on registration form. We will make every effort to place participants in the flight they prefer.

<b>FLIGHT “BLUE”</b> <b>Location – Century of Flight Hangar</b> <b>1<sup>st</sup>- 2<sup>nd</sup> Grades</b>
<b>T-37 Cockpit</b> Sit inside the T-37 cockpit and test fly a glider aircraft.
International Space Station Take a virtual tour of the ISS, then work as a team to build a space station model.
<b>Ozobots</b> Test basic coding using the tiny robot.

<b>FLIGHT “RED”</b> <b>Location – World War II Building</b> <b>2<sup>nd</sup> – 3<sup>rd</sup> Grades</b>
<b>Astro Training</b> Train like an astronaut in high-paced relays.
<b>Stomp Rockets</b> Launch rockets while learning about Newton’s 3 <sup>rd</sup> law of motion.
<b>Robotics</b> Build and test with Cubelet Robots and Legos.

<b>FLIGHT “Purple”</b> <b>Location – Century of Flight</b> <b>3<sup>rd</sup> – 4<sup>th</sup> Grades</b>
<b>Mars Maps</b> Explore the surface of Mars!
<b>Moon Rocks</b> Study real moon rocks and meteorite samples from outer space.
<b>Light Up Lanyards</b> Build and test an electrical circuit.

<b>Flight “Green”</b> <b>Location – Eagle Building</b> <b>4<sup>th</sup> – 5<sup>th</sup> Grades</b>
<b>Get a Leg Up</b> Experience the effects on the body when in space.
<b>C-130 “Hercules” Airplane</b> Suit up and go inside the C-130 airplane. Enjoy a Ft. Benning Paratrooper video.
<b>Gliders</b> Build and test a glider aircraft.

<b>Flight “Yellow”</b> <b>Location – Century of Flight Hangar</b> <b>5<sup>th</sup> – 6<sup>th</sup> Grades</b>
<b>Ham Radio Satellite</b> Learn about Ham Radio Satellite Communications.
<b>BB-8 Robots</b> Explore the galaxy with the Droid BB-8.
<b>Unlock the Box</b> Do you have what it takes to solve the puzzles and unlock THE BOX?



If you are registering 20 or more students, the deadline for be April 1, 2019  
We will need the group registrations on or before April 1, 2019.

## RELEASE & WAIVER FORM

Participants *must* have a completed Release and waiver form.  
Emergency Phone is number where parent can be located on the day of the event.

**Parent/Guardian:** Please complete the form below. Please be sure the emergency phone number is where you can be reached on May 4. If participant is registered as part of a group, please return to participant's Organizer. Participants must have Release and Waiver Form in order to participate in Young Astronauts' Day.

### RELEASE AND WAIVER FORM FOR YOUNG ASTRONAUTS' DAY

Child's Name \_\_\_\_\_ Grade Level \_\_\_\_\_ Medical Conditions: \_\_\_\_\_

Parent's Name \_\_\_\_\_ Emergency Ph. # on May 4, 2019(\_\_\_\_\_) \_\_\_\_\_

Other Circumstances to be aware of: \_\_\_\_\_

#### **RELEASE AND WAIVER OF LIABILITY**

The undersigned hereby acknowledges that participation in recreational activities involves inherent risks of physical injury, illness, or loss of personal property and assumes such risk. The undersigned hereby agrees that for the sole consideration of Young Astronauts' Day allowing the participant in programs for which or in connection with which the Museum has sponsored or made available any equipment, facilities, grounds or personnel for such programs or activities, the undersigned does hereby release, forever discharge, hold harmless and indemnify the Museum of Aviation, Robins Air Force Base, the United States Air Force, Young Astronauts', its members, officers, agents, employees, and all sponsoring organizations from all claims. In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin. In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

**May we take pictures of your child?** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

**Parent/Guardian:** Please complete the form below. Please be sure the emergency phone number is where you can be reached on May 4. If participant is registered as part of a group, please return to participant's Teacher/Organizer. Participants must have Release and Waiver Form in order to participate in Young Astronauts' Day.

### RELEASE AND WAIVER FORM FOR YOUNG ASTRONAUTS' DAY

Child's Name \_\_\_\_\_ Grade Level \_\_\_\_\_ Medical Conditions: \_\_\_\_\_

Parent's Name \_\_\_\_\_ Emergency Ph. # on May 4, 2019(\_\_\_\_\_) \_\_\_\_\_

Other Circumstances to be aware of: \_\_\_\_\_

#### **RELEASE AND WAIVER OF LIABILITY**

The undersigned hereby acknowledges that participation in recreational activities involves inherent risks of physical injury, illness, or loss of personal property and assumes such risk. The undersigned hereby agrees that for the sole consideration of Young Astronauts' Day, allowing the participant in programs for which or in connection with which the Museum has sponsored or made available any equipment, facilities, grounds or personnel for such programs or activities, the undersigned does hereby release, forever discharge, hold harmless and indemnify the Museum of Aviation, Robins Air Force Base, the United States Air Force, Young Astronauts', its members, officers, agents, employees, and all sponsoring organizations from all claims. In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin. In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

**May we take pictures of your child ?** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

**Parent/Guardian:** Please complete the form below. Please be sure the emergency phone number is where you can be reached on May 4. If participant is registered as part of a group, please return to participant's Teacher/Organizer. Participants must have Release and Waiver Form in order to participate in Young Astronauts' Day.

### RELEASE AND WAIVER FORM FOR YOUNG ASTRONAUTS' DAY

Child's Name \_\_\_\_\_ Grade Level \_\_\_\_\_ Medical Conditions: \_\_\_\_\_

Parent's Name \_\_\_\_\_ Emergency Ph. # on May 4, 2019(\_\_\_\_\_) \_\_\_\_\_

Other Circumstances to be aware of: \_\_\_\_\_

#### **RELEASE AND WAIVER OF LIABILITY**

The undersigned hereby acknowledges that participation in recreational activities involves inherent risks of physical injury, illness, or loss of personal property and assumes such risk. The undersigned hereby agrees that for the sole consideration of Young Astronauts' Day, allowing the participant in programs for which or in connection with which the Museum has sponsored or made available any equipment, facilities, grounds or personnel for such programs or activities, the undersigned does hereby release, forever discharge, hold harmless and indemnify the Museum of Aviation, Robins Air Force Base, the United States Air Force, Young Astronauts', its members, officers, agents, employees, and all sponsoring organizations from all claims. In case of emergency, I understand every effort will be made to contact me (if participant is an adult, my spouse or next of kin. In the event I cannot be reached, I hereby give my permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (or for me, if participant is an adult).

**May we take pictures of your child?** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_