

A.S.C.E.N.D. 2017- June 19-24, 2017 9:00-3:00 daily (Sat. 9:00 am for flight)
Aviation Summer Camp: Exploring New Dimensions

Application

Part I:

Student Information:

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Alternate
Phone _____

Student's Grade Level in Fall of 2016: _____ Student's Current GPA: _____

Student's School in Fall of 2016: _____

Male _____ Female _____ Have you attended a similar program before? Yes
_____ No _____

Student's shirt size: AS _____ AM _____ AL _____ AXL _____ A2XL _____

How did the student find out about the summer camp?

List community activities, hobbies and interests:

Part II:

Please describe in your own words, "Why you would like to attend ASCEND." If you need more room or would like to type your response, just attach to this application.

Part III:

Please make sure your parent or guardian completes this section.

Important – this part of the application MUST be completed and signed for consideration of admission to ASCEND

Student's Name: _____

Parents / Guardian Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home # _____ Work # _____ Cell / Other # _____

Email: _____

Emergency Contact (other than parent or guardian)

Name: _____ Relationship to student: _____

Phone: (_____) _____ Cell / Other # _____

How did you hear about ASCEND?

Student's Medical History:

Does the student have any health concerns/allergies/medications that we need to be aware of?

Yes _____ No _____ If yes, please explain:

Does the student have any dietary needs / food allergies that we need to be aware of?

Yes _____ No _____ If yes, please explain:

Disclaimer

The undersigned ("Participant") hereby acknowledges that he/she has voluntarily chosen to participate in ASCEND. Participant acknowledges and understands that ASCEND will involve activities that could potentially be dangerous or harmful. Participant has chosen to participate voluntarily, with the full knowledge of this potential danger and harm. By signing this document, Participant represents and warrants that he/she does not have any physical condition which could be aggravated or worsened by activity or stress. In consideration of participation in this camp, Participant waives all claims, demands, actions, causes of action, and liabilities of any kind or nature, whether based in law or in equity, against the organizers, the volunteers, including EAA Chapter Ten83 and affiliates ("Affiliated Organizations") arising out of or in any way related to ASCEND or Participant's participation in the event. Participant releases EAA Chapter Ten83 and Affiliated organizations from such Claims, regardless of when such Claims arise or when Participant discovers any injury or damage that does or may give rise to such Claims.

I hereby give consent for my child to participate in the 2017 ASCEND and travel on all field trips.

Mother/ Guardian's Signature Print Name Date

Father/ Guardian's Signature Print Name Date

NOTE: Candidates will be notified in early May and must mail their fee (\$150), payable to Chapter 1083 by June 1, 2017. Mail check or money order to:
EAA Chapter 1083, c/o Jana Brown, 10348 S. NC Hwy 150, Linwood, NC 27299
Scholarships are available. Please note if you need a scholarship.