

A.S.C.E.N.D. 2019- June 17-22, 2019 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 \_\_\_\_\_

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?  
\_\_\_\_\_

**Part II: Use the back of this application to answer questions 1 & 2.**

1. List community activities, hobbies and interests:
2. 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: \_\_\_\_\_

Parent / 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 # \_\_\_\_\_

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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:

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

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

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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 1083 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 2019 ASCEND and travel on all field trips.

Mother/ Guardian's Signature Print Name Date

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Father/ Guardian's Signature Print Name Date

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NOTE: Candidates will be notified in early May and must mail their fee (\$150), payable to Chapter 1083 by May 15, 2019. Mail check or money order to:  
EAA Chapter 1083, c/o Jana Brown, 10348 S. NC Hwy 150, Linwood, NC 27299  
**After May 15, tuition will be \$175.00. We do have a few sponsorships available . They are need based and for first time campers only.**