

## A.S.C.E.N.D 2023 Aviation Summer Camp: Exploring New Dimensions

Application (June 19-24th,2023) 9:00am to 3:00pm daily and 9:00 for Saturday Flight

### Part 1:

Student Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Student Shirt Size: AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ AXL \_\_\_\_\_ A2XL \_\_\_\_\_

### Part 2: Use the back of this application to answer questions 1 and 2

1. List community activities, hobbies and interests
2. Please describe in your own words, why you would like to attend ASCEND.

Attach an extra sheet if necessary.

### Part 3: Please make sure the parent or guardian completes this section. This part must be completed and signed for consideration of admission to ASCEND.

Student Name: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home/Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact other than parent or

guardian \_\_\_\_\_ Relationship to

Student: \_\_\_\_\_

Phone# \_\_\_\_\_

### Part 4: Student's Medical History:

Does the student have any health concerns/Allergies/Medications that we need to be aware of? 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 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 of 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 this event. Participant releases EAA Chapter 1083 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 2022 ASCEND day camp.

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

Date \_\_\_\_\_

Candidates will be notified of acceptance by email upon receipt of application. Fee for camp is \$200 and is payable to, EAA Chapter 1083 by May 15<sup>th</sup>. Checks should be mailed to EAA Chapter 1083, c/o Jana Brown, 10348 S. NC Hwy 150, Linwood, NC 27299. After May 15<sup>th</sup>, tuition will be \$225. We do have limited scholarships available for need based students only.