SCIVIS Registration Checklist & Instructions
For Space Camp & Aviation Challenge Programs

Registration for SCIVIS will take some time but if you follow the checklist and instructions below it will hopefully make the task easier.

I know it is hard “getting it all together” but please make sure you have everything done before you send things to me. I would suggest if you are bringing a group move your forms deadline to May before the year of the camp and your summer will be more enjoyable.

Deadlines are set so I can get as much information to Space Camp as soon as possible. They have much preparation to do for our group and it is vital to get the number of students per program and the special needs to the staff. I understand that not everyone can get things to me before the deadline. Programs are filled on a first-come, first serve basis. So, the only risk you take is not getting the program you want. Complete packets (all forms and money) constitute a reservation.

E-mail (scivis@atlanticbb.net) is the best method of contact as I try to minimize the number of interruptions at work during the day. Please list your state/province or country with your inquiry as contacts are organized in this manner. Calling weekends and evenings at home is fine but I travel a lot with my job. Also, please use my cell number (304-851-5680), as that is why I have it.

The Registration Process:

1. Pre-registration – contact Dan Oates and pre-register your child/student(s) with the pre-registration form included in this packet. Pre-registration is not a commitment and the student’s registration can be cancelled. This can be mailed or emailed at any time.

2. Read carefully all of the “Guidelines and Policies” and keep this page for your records. Do not send this form as part of your packet! Also read the FAQ section of the website, http://www.tsbvi.edu/space/

3. Money payment is appreciated in one check per student or one check per group when possible. Checks made payable to “Space Camp for the Blind”.

The Forms:

1. Guidelines and Policies & Packing List - Do not send this as part of your packet! KEEP THESE!!

2. Photo/Video Release Form/Transportation & Parent Safety Form – fill in all blank spaces paying particular attention to the NAME, GRADE (2010-2011), Bunk preference, and Program. If the “Bunk Preference” is not filled in the child will receive a top bunk. The “no preference” selection is greatly appreciated as “down” bunks are in short supply. How will you arrive? Group or individual?

3. Official Payment Form – used for team or individuals. Payment or pre-arranged form of payment must be included with this form.

4. Student Information – please take time to fill this form out with as much thought and realistic information as possible. This form is given to the child/student’s counselor at Space Camp and then team positions are based on this information. The form is essential to a quality experience for your child or student. Duplicate forms by teacher, parents, etc. are welcomed.

5. TRAINEE HEALTH FORM– Without this form your child/student will not be able to participate at Space Camp. DO NOT SUBSTITUTE any other kind of physical form! This form must be signed by a physician or nurse practioner. There is 1 parent signature and 1 doctor signature. Fill in all of the information of the “Eye Information” section. The form is crucial in determining the special needs for each camper.

6. LEADERSHIP REACTION COURSE - MEDICAL EVALUATION APPROVAL & PARTICIPANT INFORMATION AND RELEASE OF LIABILITY – these forms are for the MACH 3 Aviation Challenge Program ONLY!!!!!!!!!!!!!!!

If your child/student uses a cane, telescope, or magnifier – BRING IT!

A complete packet is all of the above forms (#2-6) and payment or a pre-arranged form of payment received by Dan Oates.
SCIVIS Guidelines & Policies
For Space Camp & Aviation Challenge Programs

Do not send this form as part of your packet!

Space Camp, Academy, Advanced Academy
Sept. 25-30, 2010
MACH I, II, III Aviation Challenge
Sept. 25-30, 2010
Graduation will be Thurs., Sept. 30 around 7:00 PM & parents are welcome. All students will leave on Friday (10/1) pending flight schedules.

Space Available for 2010

<table>
<thead>
<tr>
<th>Program</th>
<th>Spaces Available</th>
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<tbody>
<tr>
<td>Space Camp (Grades 4-6)</td>
<td>36</td>
</tr>
<tr>
<td>Space Academy (Grades 7-12)</td>
<td>96</td>
</tr>
<tr>
<td>Advanced Academy (Grades 10-12)</td>
<td>36*</td>
</tr>
<tr>
<td>MACH I, Aviation Challenge (Grades 4-6)</td>
<td>24 **</td>
</tr>
<tr>
<td>MACH II, Aviation Challenge (Grades 7-12)</td>
<td>24**</td>
</tr>
<tr>
<td>MACH III, Aviation Challenge (Grades 7-12)</td>
<td>24**</td>
</tr>
</tbody>
</table>

* Can attend Adv. Academy or MACH 3 in the 9th Grade if they have previously attended Space Academy on MACH 2.
** We need a minimum of 12 campers for Aviation Challenge pre-registration, if not, that program will not be held for the week but campers may transfer to other programs.

Registration Guideline
- **August 11, 2010** is the deadline for all money, applications, health and transportation forms. If paperwork is early it is much appreciated! **One check for total amount is appreciated made payable to “space Camp for the Blind!”**
- Anyone not having his or her registration check, purchase order or voucher to Dan Oates by deadlines takes the chance of having their reservation cancelled or not getting the program of their choice.

Additional Information:
1. Dan Oates will handle all registration, which includes, medical forms, application, transportation, and checks, etc.
2. All checks will be made out to the Space Camp for the Blind. The money will be deposited and forwarded to Space Camp in one check with all applications and forms. Checks made out to any other name will be promptly returned. Once monies are sent to Space Camp on August 11th, refunds become difficult to obtain and this falls under the refund policies of Space Camp.

POLICY – CANCELLED RESERVATIONS ARE SUBJECT TO A 10% CANCELLATION FEE!!!!!!!!!

3. Prices listed reflect a group discount to each and every camper that attends Space Camp in our group. This will be for the school groups, individual students from public school, siblings, or friends.
4. The medical examination needed for Space Camp can be done within one year of the arrival date to Space Camp. Please use the attached medical form. **Do not send school or sports physicals!!!!!!**
5. Please make sure each one of the students sent to Space Camp is appropriate for this setting. The schedule is demanding, the independent skills are many, and the social skills are very important.
6. **Policy** - Space Camp children must be enrolled in 4th grade and also have had his or her 10th birthday.
7. Our reservation is not complete until a complete packet has been received with all required information.
8. Campers are encouraged to bring any assistive devices, i.e. telescope, walker, cane, magnifier, etc.
9. Please bring a lock, as all valuables will be locked in the camper’s private locker. Key locks are preferable and bolt cutters are available in emergencies if campers lose their key.

CONTACT INFORMATION: Dan Oates, Coordinator, SCIVIS
Office 304-822-4883, FAX: (304) 822-4898
CELL: (304) 851-5680 (I have free incoming calls, please call for additional info after visiting the website)
Best method of contact - E-MAIL: scivis@atlanticbb.net

If your child is attending Space Camp, here are emergency numbers where you can get information to your child or your child's chaperone:
Camper Services - (256) 721-7185
Sick Bay - (256) 721-7162
24 Hour Operator (256) 837-3400

All materials mailed to Dan Oates; P. O. Box 1034: Romney, WV 26757
Check **The Weather Channel** before packing clothing for SCI-VIS week at Space Camp. Bed sheets/blankets, pillow/pillowcase are provided. **Towels are not provided!!!**

- personal items (toothbrush, toothpaste, comb, shampoo, towel, soap, towel, etc.)
- towel and washcloth
- clothes for 6 days (5 at space camp + extras - just in case)
- swim suit (goggles if needed for eye protection)
- beach towel for water activities
- jacket (for fall weather)
- sleepwear
- necessary medications for a week (see Health Form for more information)
- low vision devices (if needed)
- personal technology (slate and stylus, Braille n' Speak, felt tip pen, etc.)
- travel canes (if needed)

All students using canes must bring their cane and use it while attending camp. The travel demands required of students attending Space Camp involve negotiation of a variety of environments. They must negotiate the airport, travel within the very large Space Camp campus as well as the dorm facility, and remain oriented on occasional community excursions. While campers typically travel as a group with counselors, chaperones, and other students (sighted guides) present, each camper is encouraged to be as independent as possible in these settings. Although every effort is made to provide a safe and barrier free environment, normal environmental hazards such as steps, stairs, poles, and obstacles exist in all of these locations. If your child uses a cane for any kind of travel, they will be required to travel with their cane at all times while attending Space Camp. This will ensure their safety as well as increase their independent experiences.

- comfortable shoes (i.e. tennis shoes)
- sunscreen (minimum 30SPF)
- label everything with camper's first and last name.
- combination or key padlock
- pair of old tennis shoes for Aviation Challenge participants

Please do not bring portable music players, hand-held computer games, skateboards, roller blades, or other expensive items.

All students flying need to know the color of their suitcase or some distinctive marking on it. Parents and teachers make sure of that. Remember to check airlines concerning carry-on baggage.

If your child/student uses any portable notetaking device, i.e. Braille Note or others please bring them along but understand the trainee will be responsible for its care and security.
Parent Safety Form
For Trainees at SPACE CAMP/AVIATION CHALLENGE

Required for ALL trainees. Please return this form along with all other required forms to Dan Oates, P. O. Box 1034, Romney, WV 26757 – scanned forms to scivis@atlanticbb.net - FAX to (304) 822-4898.

At Space Camp/Aviation Challenge, the health and safety of our trainees is our most important concern. For this reason, we require that you complete the form below and carefully read the information that follows. This procedure helps ensure the safety of all trainees.

Please provide us with the following information about who will be picking up your trainee after graduation or the name of the chaperone accompanying your child. Parents who pick up their child must have provide photo identification and will be required to sign for the trainee they are picking up. For the trainee’s safety, there will be no exceptions. All changes must be made in writing to Dan Oates prior to or during the program.

TRAINEE INFORMATION
Trainee Name: ________________________________ Program: ________________________________

Bunk Preference*: □ Top Bunk □ Bottom Bunk □ No Preference

* Room bunks are arranged in 5 bunks up and 2 bunks down arrangement. Please designate your child’s preference.

PARENT/GUARDIAN INFORMATION
Name(s) of Custodial Parent(s) or Guardian(s)*:
Name: ____________________________________
Name: ____________________________________

Home Phone: ________________________________ Work Phone: ________________________________
Cell Phone: ________________________________ Alternate Phone: ________________________________
Email: ____________________________________

Note: Camper information will be released ONLY to the registering parent/guardian.

EMERGENCY CONTACT (Please designate one contact other than a parent/guardian)
Name: ____________________________________ Phone: ________________________________

TRAINEE RELEASE AUTHORIZATION
Please provide the name of the chaperone(s) and telephone(s) number that will be responsible or traveling with your child.

Name: ____________________________________ Phone: ________________________________
Name: ____________________________________ Phone: ________________________________
Name: ____________________________________ Phone: ________________________________

□ My child will not be accompanied by a chaperone

Parent/Guardian Signature __________________________ DATE __________________________
Photo/Video/Film Release

Note: The U. S. SPACE CAMP and AVIATION CHALLENGE facility in Alabama is occasionally visited by news media, video/film crews, or photographers hired by U. S. SPACE CAMP for the purpose of taking promotional or publicity photographs, video or film. Visiting group chaperones and guest also take photographs, video or film. There is a possibility that students and adults attending programs will be photographed.

☐ I give my consent to authorize the Alabama Space Science Exhibit Commission and the U. S. SPACE CAMP Foundation or any entity or person authorized or designated by it the use and reproduction of any and all photographs, video or film taken of the person named below during program training activities and related activities. I understand there will be no compensation to me. All negatives and positives, together with said prints, video or film are the property of the U. S. Space & Rocket Center or the entity or person authorized or designated by it, solely and completely. I also waive any right to inspect or approve any photo, video or film taken during my visit. I affirmatively release and discharge the Alabama Space Science Exhibit Commission and/or the U. S. Space Camp Foundation from responsibility for any distortion or manipulation, whether intentional or otherwise, of photos, video or film taken of me during my visit.

☐ I do not give my consent.

× Signature of person attending program  × Parent/Guardian signature

Parent/Guardian signature must sign only if the above person is under 18 yrs. old

Transportation Form

Your registration is not complete without this form! Please complete and return this form as soon as you have finalized your travel arrangements. If you need transportation from the airport to Space Camp then you will NOT be picked up without this form returned.

Trainee: ___________________________ Program: ___________________________

Address (city, state, country, postal code): ___________________________

Home phone: ___________________________ Email: ___________________________

Do you need ground transportation? Please check here: YES ☐ NO ☐

If you require ANY ground transportation assistance, complete this section. ALL sections below must be completed to ensure your ground transportation is scheduled to and/or from camp.

ARRIVAL INFORMATION
Complete below ONLY if you need ground transportation to camp.

Check method of arrival:
☐ Auto  ☐ Bus  ☐ Commercial Airline  ☐ Private Plane

_____________/ _____________ / ___________ AM/PM
Day of Week  Date  Time  Circle one

Airline Name ___________________________

Flight Number ___________________________

Book Flight into Huntsville Int’l Airport (HSV)

DEPARTURE INFORMATION
Complete below ONLY if you need ground transportation to camp.

Check method of arrival:
☐ Auto  ☐ Bus  ☐ Commercial Airline  ☐ Private Plane

_____________/ _____________ / ___________ AM/PM
Day of Week  Date  Time  Circle one

Airline Name ___________________________

Flight Number ___________________________

Schedule departure from Huntsville Int’l Airport (HSV)

Private Planes: Individuals planning to arrive via private aircraft may use Signature Flight Support located at the Huntsville International Airport (256) 772-9341.

If children are traveling without chaperones most airlines provide an “unaccompanied minor” service for additional costs. At the same time most airlines provide services for free to persons with disabilities over the age of 16. Check with individual airlines for their policies.

Space Camp will meet ALL children at the Huntsville Airport at the gate as they leave the plane. It is impossible to know the exact individual who will be meeting your child until the day of their arrival. Contact Dan Oates if more information is needed.

Mail all materials to: Dan Oates, P. O. Box 1034, Romney, WV 26757 – scanned forms to scvis@atlanticbb.net - FAX to (304) 822-4898.
OFFICIAL PAYMENT FORM
For Space Camp & Aviation Challenge Programs

NAME: ________________________________

ADDRESS: ________________________________

CITY: _______________ STATE: ___________ COUNTRY: ___________ ZIP: ___________

PROGRAM ENROLLMENT

Please mark program(s) and number attending:

________ Space Camp (Grades 4-6) $675.00

________ Space Academy Level 1 (Grades 7-12) $675.00

________ Advanced Academy (Grades 7-12) $725.00

________ MACH I, Primary Aviation Challenge (Grades 4-6) $675.00

________ MACH II, Basic Aviation Challenge (Grades 7-12) $675.00

________ MACH III, Advanced Aviation Challenge (Grades 10-12) $725.00

Less Scholarship Amount (if awarded) or other deduction ( - ) __________

TOTAL TUITION $ __________

EARLY ARRIVAL/LATE DEPARTURE

Group rate for an early arrival or late departure is $45/day/student. Use the line below to calculate payment for early arrival/late departure. My son/daughter will be arriving ___ day(s) early and leaving ___ day(s) late. The total number of days is ___ X $45/day = $ __________.

Early arrival would be staying the night of Fri., Sept. 24
Late departure would be staying the night of Fri., Oct. 1

TOTAL EARLY ARRIVAL/LATE DEPARTURE $ __________

TRANSPORTATION

$15 per student for the trip. This includes bus transport to and from the airport. Chaperones do not have to pay this fee.

$ __________

TOTAL COST $ __________

SOURCE OF PAYMENT

<table>
<thead>
<tr>
<th>Check #</th>
<th>for student name(s)</th>
<th>Person, Organization or School</th>
<th>Amount</th>
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<tbody>
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TOTAL PAYMENT $ __________

Check or money order payable to Space Camp for the Blind by Aug. 11, 2010. Mail directly to Dan Oates; P. O. Box 1034, Romney, WV 26757, FAX: (304) 822-4898. Credit card payments not accepted.
STUDENT INFORMATION FORM

For Space Camp & Aviation Challenge Programs

Student Name: _____________________________

Age: _______ Grade at time of Space Camp: _______ Reading Level: _______

Reading Medium: Regular Print ____ Large Print ____ CCTV ____ Braille ____

Reading Speed: (circle one) slow 2 3 4 fast

Describe student's visual functioning: (lighting needs, devices, etc.) ____________________________

__________________________________________

Student has been to any camp(s) before. ____ Y ____ N

Physical conditioning/endurance: (circle one) Couch potato  1 2 3 4 5 Marathon runner
(Space Camp has long days and lots of walking)

Organizational Skills: (circle one) Completely random  1 2 3 4 5 Obsessive/Compulsive
(keeping up with materials, books, canes, etc)

Attention span: (circle one) Prompt junkie  1 2 3 4 5 Works independently

Works well in a group: (circle one) Party animal  1 2 3 4 5 Lone Ranger

Leadership Skills: (circle one) Follower  1 2 3 4 5 Leader

Preferred travel mode: (check all that apply)
___ Travels independently  ___ Uses white cane
___ Uses sighted guide  ___ Climbs stairs independently  ___ Uses adaptive mobility device
___ Cannot climb stairs, even with assistance  ___ Climbs stairs w/ assistance & support

All students using canes must bring their cane and use it while attending camp. (WE REALLY MEAN THIS!!!!!!)
The travel demands required of students attending Space Camp involve negotiation of a variety of environments. They must negotiate the airport, travel within the very large Space Camp campus as well as the dorm facility, and remain oriented on occasional community excursions. While campers typically travel as a group with counselors, chaperones, and other students (sighted guides) present, each camper is encouraged to be as independent as possible in these settings. Although every effort is made to provide a safe and barrier-free environment, normal environmental hazards such as steps, stairs, poles, and obstacles exist in all of these locations. If your child uses a cane for any kind of travel, they will be required to travel with their cane at all times while attending Space Camp. This will ensure their safety as well as increase their independent experiences.

Self-Care Skills:

Eating:  _____ Needs no assistance
        ____ Needs some help from another person, such as:

Dressing:  _____ Needs no help
        ____ Needs some help from another person, such as:

Bathing:  _____ Needs no assistance
        ____ Needs some help from another person, such as:

Toileting:  _____ Needs no assistance/toilets independently
        ____ Needs some help from another person, such as:

Behavior: (Check all appropriate.)

No Difficulty Some Difficulty Considerable Difficulty
Responds to changes in routine  ____  ____  ____
Responds to being away from family  ____  ____  ____
Responds to adult direction  ____  ____  ____
Expresses anger in an acceptable manner  ____  ____  ____
Gets along with other children  ____  ____  ____

Please describe in detail any behavior issues that may arise during Space Camp, even if they do not happen all the time at home or school (e.g., what might these behaviors look like? what might cause them? what seems to help in those situations?):

________________________________________________________________________

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Please list any other information that might be useful? Use back of form, if necessary.

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Trainee Health Form

A physician or nurse practitioner signature is required on your health form. Trainee cannot begin the program unless all forms are completed and required signatures are provided. Required for ALL trainees. Please return this form along with all other required forms to Dan Oates, P. O. Box 1034, Romney, WV 26757 – scanned forms to scvis@atlanticbb.net - FAX to (304) 822-4898.

**TRAINEE INFORMATION: (PLEASE PRINT)**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
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</tbody>
</table>

Age: ____ DOB: ______ Sex: ____ Grade (2010-09) ______

Parent’s Name: ________________________________

Address: ___________________________________________________________________________

City: __________________ State: ____ Zip: _______

Day Time Phone: ( ) ____________________________

Evening Phone: ( ) ____________________________

Cell Phone: ( ) ______________________________

Emergency Contact: __________________________

Relationship to Trainee: ______________________

Phone: ( ) ________________________________

Is Trainee covered by health insurance: Yes____ No____

Please attach both sides of the insurance card or claim form.

List all medications and physical or learning disabilities, and any emotional or behavioral problems other than blindness: (Attach behavioral plan.)

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.

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: _________________________

Trainees maintain a vigorous pace from 7AM until 9-10 PM. During simulator training, individuals may experience up to three G’s of gravitational force, strobe or flashing lights or fluid shifts. Persons with cardiac conditions, severe pulmonary dysfunction, sensory handicaps or chronic illness may not be able to participate fully in the program. We require that trainee has received a physician’s examination within one year prior to attending scheduled program. Any recent illnesses must be noted and MUST have physician or nurse practitioner’s clearance to attend.

**PHYSICIAN’S MEDICAL STATEMENT**

A physician or a nurse practitioner signature is mandatory for all camps and trainee cannot participate in all activities without it. I have examined ______________________ on (date) ________. The trainee is in good health and is physically and mentally able to participate in this program. The trainee does not have any injury, illness or disability that will prohibit activity.

Please attach both sides of the insurance card or claim form.

List all medications and physical or learning disabilities, and any emotional or behavioral problems other than blindness: (Attach behavioral plan.)

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.

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: _________________________

**AUTHORIZATION FOR MEDICAL TREATMENT**

MUST BE SIGNED BY PARENT/GUARDIAN

(Trainee name) ___________________________ has my permission to take any over-the-counter medications (listed below) as needed with the exception of while attending this program. I verify that you have my permission to take (Trainee) _____________________ to the nearest medical facility for emergency treatment and I assume responsibility for payment.

The following generic medications routinely stocked in the clinic and dispensed free of charge as needed: ibuprofen, acetaminophen, decongestant, antihistamine, cough suppressant, throat lozenges, motion sickness medication, anti-nausea, anti-diarrhea, milk of magnesia, antibiotic ointment, anti-itch cream, topical oral pain reliever.

Should your child require medical attention, you may ask us not to use or disclose any part of your protected health information for the purposes of treatment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved. Your request must state the specific restrictions requested and to whom you want the restrictions to apply. Medical-related questions may be directed to the Nursing Staff at (256) 721-7162.

**EYE INFORMATION**

Attention parents and teachers: Please take time to fill out the information below completely to assist us in planning for our Braille, large print, technology, and medical needs.

REASON FOR VISUAL LOSS: (include eye condition and other pertinent information. Please be specific):
________________________________________________________________________________________
________________________________________________________________________________________


NOTE: Please take time to fill in each blank. Responses will not exclude the child from Space Camp as a whole. Certain activities may prove contrary to their medical condition. A report by an eye physician detailing the simulators and their implications is available at our web site, http://www.tsbvi.edu/space/eye.html
This form is **not** the registration form to attend SCIVIS. The form allows you to be registered with Space Camp. That **DOES NOT** get you placed on a team, give you a place to sleep, or get you picked up at the airport, or get you meals to eat. These things happen as a result of completing and sending in your forms with your payment. I have to register all SCIVIS trainees online and this gives me the pertinent information. This form does not complete registration and names can be deleted from online registration if circumstances change with a trainee or their family.

Forms can be found at the SCIVIS website: [http://www.tsbvi.edu/space/](http://www.tsbvi.edu/space/)

Make sure you download the appropriate forms from the website.

*Advanced Academy* trainees need SCUBA forms and the Leadership Reaction Course Forms. *MACH 3* students need the Leadership Reaction Course Forms. These forms are in addition to the regular registration forms.

**Pre-Registration Form**

Name: ______________________________________________________

Circle One: M    F    DOB: ________________________________

Address with Postal Code: ________________________________

______________________________________________________

Home Phone: ____________________________________________

Work Phone: ____________________________________________

Cell Phone: ____________________________________________

Parent’s Name(s): ______________________________________

Email: ________________________________________________

Grade @ time of Camp: _    Name for Name Tag: _______

**Program (Circle one)**

<table>
<thead>
<tr>
<th>Space Camp</th>
<th>Space Academy</th>
<th>Advanced Academy</th>
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<tbody>
<tr>
<td>MACH 1</td>
<td>MACH 2</td>
<td>MACH 3</td>
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</tbody>
</table>
LEADERSHIP REACTION COURSE (MACH 3 only)

MEDICAL EVALUATION APPROVAL FORM

PLEASE PRINT

NAME:____________________________________________________________________________

ADRESS:__________________________________________________________________________

CITY:__________________________________STATE/PROVINCE:_________ ZIP:____________

HOME PHONE:_______________________________

PLEASE CHECK ALL THAT APPLY

___Behavioral Health Problems ___Respiratory Problems ___Physical Disabilities
___Acrophobia ___Back Problems ___Serious Injury*[past 3 months]
___Agoraphobia ___Back Surgery*[past 3 months] ___Over 40 Years Old
___Migraine Headaches ___Diabetes ___HIV Positive
___Epilepsy* ___Vertigo ___Regular Medication
___Severe Hayfever ___Hernia* ___Insect Allergies
___Heart Trouble ___Dizziness or Fainting ___Joint Injuries or Problems
___High Blood Pressure ___Recent Surgery*[past 3 months] ___Hospitalized
___Angina ___Pregnant* ___Asthma
___Heart Surgery*[past 3 months] ___Motion Sickness ___Rejected from any activity
___Any Medical Condition Not Listed: ___for medical reasons.

____________________________________________________________________________

Notes:____________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

PLEASE NOTE THE MEDICAL EVALUATION FORM PRESENTS A DECISION UNDER IMPRESSION. WE CAN ONLY ACCEPT UNCONDITIONAL APPROVAL FOR STUDENT APPLICANTS DESIRING TO BEGIN OR CONTINUE TRAINING. IT FALLS TO THE COURSE DIRECTOR’S DISCRETION TO CONCLUDE THAT PARTICIPATING IN THE ROPES COURSE IS OR IS NOT IN THE INDIVIDUALS BEST INTEREST OR THAT THEIR MEDICAL CONDITION IS LIKELY TO PRESENT A PROBABLE DIRECT THREAT TO OTHERS.

FOR COURSE DIRECTOR ONLY

IMPRESSION:

____ APPROVAL [I find no medical conditions I consider incompatible with participating in High Ropes activities.]

____ DISAPPROVAL [This applicant has medical conditions which, in my opinion, clearly would constitute unacceptable hazards to health and safety in participating in High Ropes activities.]

Course Director Signature

Date
LEADERSHIP REACTION COURSE (MACH 3 only)

Participant Information Form and Release of Liability
U.S. Space & Rocket Center (USSRC), Huntsville, Alabama

To be completed by participant or parent/guardian if under 18 years of age.

Name:_____________________________ Group:_________________________ Date:____________________

Disclosure
The USSRC AREA 51 Leadership Reaction Course (LRC) involves a variety of activities including warm-up’s, games, group initiative problems, low and high challenge course elements, and possibly other rigorous physical adventure activities. The level of participant in the AREA 51 LRC is entirely voluntary at all times. Safety measures have been designed into the program (trained staff, safety equipment and strict safety standards) to safeguard all participants against possible injury. As with any program of this type, there is a risk which must be assumed by each participant.

I have read and understand the above: (Initial here) ___________

Participant Information
Certain health/medical information must be made known to the instructor(s) conducting the program so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. This form must be completed and returned to your group coordinator or the USSRC prior to participating in any activities:

1. Name: ____________________________ Soc. Sec. #: ____________________________
   Address: ______________________________ City: ____________________________ State: ________________
   Day Phone: ____________________________ Evening Phone: ____________________________
   Parent/Guardian Name: ____________________________ Daytime Phone: ____________________________

2. Do you have health/accident insurance? (Circle one) YES NO
   If yes, name of company: ____________________________ Policy #: ____________________________

3. Do you have any limiting physical disabilities or conditions (temporary or permanent)? YES NO
   If yes, please identify and explain: ____________________________

4. Are you currently taking medication (prescribed or otherwise)? YES NO
   If yes, please identify and explain: ____________________________

5. Please list any allergies, especially allergic reactions to medications: ____________________________

Release of Liability
I understand that parts of the USSRC AREA 51 LRC may be physically and/or emotionally demanding. I affirm my health is good and that I am not under a physician’s care for any undisclosed condition that might endanger my health or that of other participants. I recognize the inherent risks of injury or disability in the USSRC AREA 51 LRC activities. I release the USSRC, its employees, representatives, and assigns from all liability for any injury to me from participation in the USSRC AREA 51 LRC program and its staff members from all liability for any injury to me from participation in this program.

I have read and understand the above: (Initial here)- ____________

Medical Permission Agreement
I hereby give the USSRC AREA 51 LRC program staff the permission to assume responsibility for securing necessary medical care for the well being of (participant’s name) ____________________________ as long as he/she is a participant of the program. In case of a sudden medical emergency, I give the USSRC staff permission to secure any needed medical or surgical care. I understand that the USSRC and its staff are not responsible for any medical expenses incurred.

Participant’s Signature (If at least 18 years old) ____________________________ Date ____________________________

Parent or Guardian Signature (If participant is under 18 years old) ____________________________ Date ____________________________

FOR OFFICE USE ONLY: Participation Information Form and Release of Liability reviewed by:

Signature: ____________________________ Title: ____________________________ Date: ____________________________