

SCIVIS Registration Checklist & Instructions

For Advanced Academy



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 (jimallan@tsbvi.edu) 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 (512-233-9003), as that is why I have it.

The Registration Process:

- _____ 1. Pre-registration – contact Jim Allan 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. UNDERWATER ASTRONAUT TRAINER (UAT) RELEASE & MEDICAL FORM– Without this form your child/student will not be able to participate at Space Camp or SCUBA dive. **DO NOT SUBSTITUTE** any other kind of physical form! *This form must be signed by a physician.* There are numerous signatures. Please sign and initial them all. Fill in all of the information of the “Eye Information” section. The form is crucial in determining the special needs for each trainee.
- _____ 6. LEADERSHIP REACTION COURSE - MEDICAL EVALUATION APPROVAL & PARTICIPANT INFORMATION AND RELEASE OF LIABILITY – these forms are for the **Adv. Academy & MACH 3 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 Jim Allan.

SCIVIS Guidelines & Policies



For Space Camp & Aviation Challenge Programs

Do not send this form as part of your packet!

**Space Camp, Academy, Advanced Academy
MACH I, II, III Aviation Challenge**

**Sept. 25-30, 2010
Sept. 25-30, 2010**

Graduation will be Thurs. 9/30 around 7:00 PM & parents are welcome. All students will leave on Friday (10/1) pending flight schedules.

Space Available for 2010

Space Camp (Grades 4-6) -- 36	MACH I, Aviation Challenge (Grades 4-6) -- 24**
Space Academy (Grades 7-12) -- 96	MACH II, Aviation Challenge (Grades 7-12) -- 24**
Advanced Academy (Grades 10-12) -- 36*	MACH III, Aviation Challenge (Grades 7-12) -- 24**

* 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

- Beginning of SCI-VIS 2010 is Sat., September 25, 2010. Early Arrival is Friday, Sept. 24.
- **August 1, 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. Jim Allan 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 1st, 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: Jim Allan, Coordinator, SCIVIS
OFFICE 512-206-9315, FAX: 512-206-9264
CELL: 512-233-9003 (I have free incoming calls, please call for additional info after visiting the website)
Best method of contact - E-MAIL: jimallan@tsbvi.edu

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 Jim Allan; 1100 W. 45th St; Austin, TX 78756

PACKING LIST



For Space Camp & Aviation Challenge Programs

Do not send this form as part of your packet!

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
Jim Allan; 1100 W. 45th St; Austin, TX 78756.

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

X

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.

X

Signature of person attending program

X

Parent/Guardian signature

Parent/Guardian 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 Jim Allan if more information is needed.

Mail all materials to: Jim Allan, 1100 W. 45th St; Austin, TX 78756 – scanned forms to jimallan@tsbvi.edu - FAX to 512-206-9264.

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 the staying the night of Fri., Sept. 24

Late departure would be the 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

Check #	for student name(s)	Person, Organization or School	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL PAYMENT \$ _____

Check or money order payable to **Space Camp for the Blind** by Aug. 1, 2010. Mail directly to Jim Allan, 1100 W. 45th St; Austin, TX 78756 – scanned forms to jimallan@tsbvi.edu - FAX to 512-206-9264. 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 students 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 adaptive mobility device
- Uses sighted guide Climbs stairs independently Climbs stairs w/ assistance & support
- Cannot climb stairs, even with assistance

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?): _____

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

SCI-VIS ADVANCED ACADEMY UNDERWATER ASTRONAUT TRAINER (UAT) RELEASE & MEDICAL FORM

Please return all forms to Jim Allan, 1100 W. 45th St; Austin, TX 78756 - FAX to 512-206-9264.

This form is due no later than August 1, 2010

This form is for AVANCED ACADEMY STUDENTS ONLY

Please read each of these pages carefully and provide complete information. Incomplete forms and/or failure to provide the required signatures will prevent trainee from participating in all activities. **We must have an original physician's signature on the Scuba Health Form & Medical Release before we can consider your participation in the Underwater Astronaut Training activity. We cannot accept nurse practitioner or stamp signatures.** Keep a copy for your files and bring a copy to camp.

SCUBA WAIVER & RELEASE AGREEMENT You must be 14 years old at the time of camp to SCUBA dive. No exceptions! Parent/guardian, trainee and witness must sign this form. Incomplete form and/or failure to provide the required signatures will prohibit trainee from diving.

Trainee: _____ Date of Birth _____
Last Name First MI Month Day Year

For and in consideration of permitting me (print name), **1**, _____, to participate in skin and scuba diving activities and/or instruction provided by the U. S. Space & Rocket Center, U.S. SPACE CAMP, ACADEMY involved in the activity and/or training. **2** NAUI, other nationally recognized diving agencies, the U. S. Space & Rocket Center, U. S. SPACE CAMP, ACADEMY, their employees and agents such activities and/or training in the city of Huntsville, county of Madison, in the state of Alabama, with scheduled activities to begin on (enter date)

3 SEPT. 25-30, 2010

I state and agree as follows:

I hereby voluntarily release, discharge, waive and relinquish any and all claims or cause of action for personal injury, property damage or wrongful death occurring to me and arising as a result of engaging in skin and scuba diving activities and/or instruction and any activities incidental thereto, wherever and however such injuries may occur and for whatever period of time said activities or instructions may continue, and I do for myself, my heirs, executors, and administrators and assigns hereby release, waive, discharge and relinquish any actions to causes of action which may hereafter arise for me or my estate, and I agree that under no circumstances will I or my heirs, executors, administrators and assigns prosecute, present any claim for personal injury, property damage or wrongful death against any of those identified in **2** above, as a result of the negligence or otherwise, of those parties in **2** above.

I have been fully advised of the hazards and dangers incidental to engaging in the activity and/or instruction of skin and scuba diving and I hereby assume all such risks and dangers attendant to those activities, including negligence, if any, of those parties named in **2** above.

BY SIGNING THIS AGREEMENT, I RELEASE NAUI, AND THE OTHER PARTIES IN **2** ABOVE, FROM ANY CLAIM OR CAUSE OF ACTION I, OR MY ESTATE, MAY HAVE FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH ARISING FROM SKIN AND SCUBA DIVING ACTIVITIES AND/OR INSTRUCTION, WHETHER CAUSED BY THE NEGLIGENCE OF SAID PARTIES OR OTHERWISE. I AGREE TO HOLD NAUI AND THE AFOREMENTIONED PARTIES HARMLESS FOR ANY INJURY OR DEATH WHICH MAY OCCUR TO ME DURING SKIN AND SCUBA DIVING ACTIVITIES AND/OR INSTRUCTION.

I hereby declare I am of legal age and am competent to sign this waiver and release agreement or that my parent or guardian has signed this document on my behalf if I am a minor.

Missing or improperly placed signatures or any alterations to this form will prohibit me from participating in diving activities.

I HAVE READ THIS AGREEMENT, UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.

Trainee Signature

Parent/Guardian Signature

Witness Signature

Print witness name

Phone number where a parent/guardian may be reached during day: () _____

SCUBA HEALTH FORM & MEDICAL RELEASE - You must be 14 years old at the time of camp to SCUBA dive. No exceptions! Physician, parent/guardian and trainee must sign this form. Non-disclosed health information, incomplete form and/or failure to provide required signatures will prohibit trainee from diving.

TRAINEE INFORMATION

Please Print:

Trainee: _____
Last First Name MI

Age: _____ D.O.B: _____ Sex: _____
At time of camp

Parent's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

COUNTRY: _____

Day Time Telephone: () _____

Evening Telephone: () _____

Cell Number: () _____

FAX: () _____

E-mail Address _____

Emergency Contact _____

Relationship to Trainee _____
other than parents

Telephone: () _____

Is trainee covered by health insurance: Yes ___ No ___
 Please attach copy of insurance card or claim form.

Does trainee have any learning disabilities? Please explain: _____

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: _____

Prescription 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.

MEDICAL HISTORY

Check each item that applies to the trainee's past or present medical history. If any item is checked, a physician's remark must be included. A physician's signature and office telephone numbers are required. **Final determination concerning fitness to dive will be made by the SPACE CAMP medical staff and UAT Scuba Diving Coordinator.**

- _____ Glasses or contact lenses
- _____ Dental plates
- _____ Physical disability
- _____ Motion sickness
- _____ Currently pregnant
- _____ Migraines
- _____ Regular medication(s) (List here)

- _____ Sinus trouble and/or severe allergies
- _____ Mental, emotional and/or behavioral problems
- _____ Blood pressure problems
- _____ Non-swimmer or poor swimmer
- _____ Ear problems (e.g., surgery, frequent infections)
- _____ Any serious medical problems or injuries (List Here)

- _____ Diabetes
- _____ Dizziness/fainting
- _____ Recreational drug use
- _____ Pulmonary problems-any history of asthma, (stress, exercise or allergy induced) reactive airway disease. Bronchospasms disqualifies trainee from diving in the UAT. **Trainees with any history of insulin dependent diabetes, epilepsy, reactive airway disease, or asthma will not dive.**

- _____ Epilepsy
- _____ History of Cardiovascular disease or problems
- Date of last chest X-ray _____
(Necessary only with recent bronchitis, pneumonia or TB)
- _____ Hospitalizations and/or surgeries (List here)

Final determination concerning fitness to dive will be made by the SPACE CAMP medical staff and the UAT SCUBA Diving Coordinator.

Trainees with any history of reactive airway disease will not dive regardless of physician's signature being present.

PHYSICIAN'S MEDICAL STATEMENT

A physician's signature is mandatory and trainee cannot participate in all activities without it.

Trainees maintain a vigorous pace from 7 AM to 9 PM. During simulator training, individuals may experience up to 3 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.

ADVANCED SPACE ACADEMY recommends that trainee has received a physician's examination within one year prior to attending scheduled program.

I have examined: _____
Trainee

On _____
Date

I verify that 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 participation in any activity, including scuba diving.

____ Approved for scuba diving: I find no medical conditions I consider to be incompatible with scuba diving.

____ Not Approved for scuba diving: Patient has a medical condition, which would constitute unacceptable hazards to health and safety while diving.

Physician's name (Please print)

Physician's phone number () _____

X _____

Original physician signature required! We cannot accept CNP or stamped signature!

Physician remarks: _____

STATEMENT OF FITNESS TO DIVE

- I certify that the information provided herein is correct to the best of my knowledge.
- I understand that skin and scuba diving are strenuous activities involving significant pressure changes and that a normal, healthy heart, lungs, ears, and sinuses are essential prerequisites for my safety and well being.
- I hereby confirm that my circulatory systems and body air spaces are healthy and normal and that I have no severe emotional or neurological problems or communicable diseases.
- I understand that approval from a licensed physician is required to ascertain my physical fitness for the rigors of diving.

Trainee name (Please print)

Trainee signature (Please print)

Parent Guardian signature

If trainee is a minor, a parent/guardian signature is required.

**AUTHORIZATION FOR MEDICAL TREATMENT
Must be signed!**

_____ has my
Trainee

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.

Parent/Guardian Signature Date

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

Parental or physician medical questions or comments should be directed to the Divers Alert Network at 919-684-2948 or the Underwater Astronaut Trainer at 256-721-7190. Or e-mail us at uat@spacecamp.com

Please return all forms by Aug. 1, 2010 to Jim Allan, 1100 W. 45th St; Austin, TX 78756.

What is the UAT?

Please initial each section after reading

Parent Initials

The UAT/Underwater Astronaut Trainer, at the U. S. Space and Rocket Center in Huntsville, Alabama, is a neutral buoyancy simulator like those used by the astronauts and design engineers at NASA's Johnson Space Flight Center and Marshall Space Flight Center. Neutral buoyancy simulators allow astronauts to practice on Earth the missions that they will do in space.

Trainee Initials

Advanced Academy trainees participate in neutral buoyancy/microgravity simulations similar to those used by the astronauts in practicing for space missions. In order to dive safely, there is a one hour classroom orientation on basic SCUBA concepts and safety practices. Trainees also undergo in-water instruction on our 4-foot training platform to prepare for neutral buoyancy exercises. Approximate SCUBA time is 1.5 to 2 hours.

Parent Initials

There are medical conditions that disqualify a person from participating in SCUBA activities. Insulin-dependent diabetics, epileptics, persons with a history of reactive airway disease or asthma, and persons with certain other medical conditions WILL NOT dive.

Trainee Initials

This list is not all-inclusive and other conditions may warrant disqualification from diving. All SCUBA forms are reviewed by our medical staff and our instructors who make the final determination on fitness to dive. Ultimately, the medical staff and staff instructors will decide who does and does not dive.

Even if it is well controlled, IDDM (Insulin dependent diabetes) disqualifies a diver because the warning symptoms of hypoglycemia may be suppressed, resulting in loss of consciousness without warning and because an insulin reaction underwater could very well result in drowning.

Epilepsy disqualifies a diver because underwater, a diver may be exposed to possible triggering stimuli for convulsion. Convulsions underwater often involve breath holding during the tonic and Clonic phases, making pulmonary barotrauma likely, as well as drowning.

Major concerns with reactive airway disease are that the asthmatic diver could develop Bronchospasm while diving and is at risk of pulmonary barotrauma, even with a normal ascent. Underwater, the diver is exposed to many factors, which may precipitate bronchial spasm: exercise, cold air, dry air, and anxiety with hyperventilation. Asthmatics can have non-communicating air spaces even on full inspiration, further increasing the likelihood of pulmonary barotrauma. Resolved childhood asthma can recur later in life and may be precipitated by the cold, dry air in SCUBA cylinders, the increased pressure experienced in going to depth, stress, anxiety, or the warm water of our facility.

Parent Initials

If a trainee is disqualified from diving because of a medical condition or for any other reason, he or she has the option of snorkeling or swimming in the tank while the other members of the team dive. Or, the counselor may provide an alternate activity if the trainee does not wish to swim. It is important to remember that the actual SCUBA portion of Academy is about 1.5 to 2 hours out of the entire week.

Trainee Initials

The knowledge and skills taught as a part of the NAUI Entry SCUBA Experience will allow trainees to participate safely in certain activities when under the direct supervision of a NAUI or other nationally recognized agency-certified instructor, assistant instructor, or dive master. It is not, however, a certification course. Additional training is necessary for certification before attempting to dive without leadership supervision.

Further questions can be directed to the Water Training Facilities office at the U.S. Space and Rocket Center at 256-721-7190 or to the Divers Alert Network Information line at 919-684-2948.

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): _____

VISUAL ACUITY: OD: _____ OS: _____ OU: _____, Reading Mode: BRL: _____ LP: _____ REG. PRINT: _____

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/>

PRE-REGISTRATION FORM

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/>

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)

Space Camp

Space Academy

Advanced Academy

MACH 1

MACH 2

MACH 3

LEADERSHIP REACTION COURSE

MEDICAL EVALUATION APPROVAL FORM

PLEASE PRINT

NAME: _____

ADDRESS: _____

CITY: _____ STATE / PROVINCE: _____ ZIP: _____

HOME PHONE: _____

PLEASE CHECK ALL THAT APPLY

- | | | |
|--|---|---|
| <input type="checkbox"/> Behavioral Health Problems | <input type="checkbox"/> Respiratory Problems | <input type="checkbox"/> Physical Disabilities |
| <input type="checkbox"/> Acrophobia | <input type="checkbox"/> Back Problems | <input type="checkbox"/> Serious Injury*[past 3 months] |
| <input type="checkbox"/> Agoraphobia | <input type="checkbox"/> Back Surgery*[past 3 months] | <input type="checkbox"/> Over 40 Years Old |
| <input type="checkbox"/> Migraine Headaches | <input type="checkbox"/> Diabetes | <input type="checkbox"/> HIV Positive |
| <input type="checkbox"/> Epilepsy* | <input type="checkbox"/> Vertigo | <input type="checkbox"/> Regular Medication |
| <input type="checkbox"/> Severe Hayfever | <input type="checkbox"/> Hernia* | <input type="checkbox"/> Insect Allergies |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Dizziness or Fainting | <input type="checkbox"/> Joint Injuries or Problems |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Recent Surgery*[past 3 months] | <input type="checkbox"/> Hospitalized |
| <input type="checkbox"/> Angina | <input type="checkbox"/> Pregnant* | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Heart Surgery*[past 3 months] | <input type="checkbox"/> Motion Sickness | <input type="checkbox"/> Rejected from any activity
for medical reasons. |
| <input type="checkbox"/> Any Medical Condition Not Listed: | | |

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

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: _____