

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 (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 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 practitioner. 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 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., Sept. 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 1 st, 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 – scanned forms to jimallan@tsbvi.edu - FAX to 512-206-9264.

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.

<p>ARRIVAL INFORMATION Complete below ONLY if you need ground transportation to camp.</p> <p>Check method of arrival: <input type="checkbox"/>Auto <input type="checkbox"/>Bus <input type="checkbox"/>Commercial Airline <input type="checkbox"/>Private Plane</p> <p>_____/_____/_____ Day of Week Date Time AM/PM Circle one</p> <p>Airline Name _____ Flight Number _____</p> <p>Book Flight into Huntsville Int'l Airport (HSV)</p>	<p>DEPARTURE INFORMATION Complete below ONLY if you need ground transportation to camp.</p> <p>Check method of arrival: <input type="checkbox"/>Auto <input type="checkbox"/>Bus <input type="checkbox"/>Commercial Airline <input type="checkbox"/>Private Plane</p> <p>_____/_____/_____ Day of Week Date Time AM/PM Circle one</p> <p>Airline Name _____ Flight Number _____</p> <p>Schedule departure from Huntsville Int'l Airport (HSV)</p>
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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 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

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.

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.



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 Jim Allan, 1100 W. 45th St; Austin, TX 78756 – scanned forms to jmallan@tsbvi.edu - FAX to 512-206-9264.**

TRAINEE INFORMATION: (PLEASE PRINT)

Trainee: _____

Age: _____ Last Name: _____ First Name: _____ M.I.: _____
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 medical conditions 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 _____
Name of Trainee

(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.

X

Physician's Signature

Date

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.

X

Parent/Guardian Signature

Date

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): _____

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/eye.html>

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 (MACH 3 only)

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 (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: _____