**EAA 690 Aviation Camp 2021 Enrollment Form**

 **Aviation Camp Alpha/Bravo/Charlie**

 **June 14 – 18, 2021 (Circle One Please)**

**I. Camper Data**

Camper’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Last) (First) (Middle Initial)

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

 (Number & Street) (Apt. #)

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

Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Gender: Female Male

Camper’s Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**II. Auxiliary Data**

Grade (next year): \_\_\_\_ School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the camper participated in other aviation camps previously? No \_\_\_\_\_\_\_\_Yes

If so, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**III. Special Conditions: Please List**

1.Any known health problems (such as allergies, diabetes, heart trouble, epilepsy or asthma, etc.)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Any invisible disabilities, such as dyslexia, or any special learning needs

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Any physical activity restrictions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Any food restrictions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Any religious restrictions impacting emergencies or health care situations\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Any other special accommodations needed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Any medications which must be administered\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**IV. In Case of Emergency** (Please choose **either 1. OR 2.** and complete **3.**, sign as appropriate)

****Consent **is granted** to the staff of EAA Chapter 690 to provide medical services through the appropriate medical facilities and/or medical services to:

(Camper Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, throughout my child’s participation in the Aviation Camp.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Signature of Parent or Guardian) (Date*)

**OR 2.**Consent **is not granted** to the staff of EAA Chapter 690 to provide medical services through the

appropriate medical facilities and/or medical services to: (Camper Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Signature of Parent or Guardian ) ( Date)*

**3.** Emergency contact (***other than parent***): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(First and Last Name) (Relationship to Camper)*

Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime or Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Camper Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, throughout my child’s participation in the Aviation Camp.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Signature of Parent or Guardian ) (Date)*

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**V. Parent/Guardian Information:**

Parent/Guardian Name(s): **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_**

 *(Last) (First) (Middle Initial)*

Daytime or Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian) do hereby release and discharge the Experimental Aircraft Association, the Gwinnett County Airport, EAA Chapter 690, its board members and officers from any and all claims, present and future, known and unknown, due to, or arising from, in any manner of my daughter’s/son’s participation in the program and/or related activities sponsored by the Aviation Camp. I have read, or someone from EAA Chapter 690 has read and explained the information contained on this form to me. I willingly agree and give my consent to let EAA Chapter 690 enter data about my child and me into its computer information system. I also give my permission for my child to be photographed and allow EAA Chapter 690 to release any and all pictures for publicity purposes.

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

 *(Please Print*) *(Signature) (Date)*

Camper T-shirt size: \_\_\_\_\_\_\_Adult S Adult M Adult L Adult XL

Please check survey box →Camper will participate in Young Eagle flights on Saturday, June 19, 2021.

Please note: This is an optional activity in which the EAA Chapter 690 Aviation Campers may participate, with Parent/Guardian's permission.

**If you learned about the camp through an ad, please write the code found on the ad in this space: \_\_\_\_\_\_\_\_\_\_**

**If you did NOT learn about the camp through an ad, please tell us how you did hear about the camp.**

**Young Eagle Rally \_\_\_\_\_\_\_\_\_\_ Facebook page \_\_\_\_\_\_\_\_\_\_**

**Build Group \_\_\_\_\_\_\_\_\_\_ Online search \_\_\_\_\_\_\_\_\_**

 **Ground School \_\_\_\_\_\_\_\_\_\_ Friend \_\_\_\_\_\_\_\_\_**

**Other (please explain) \_\_\_\_\_\_\_\_\_\_**

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**VI. Payment and Application Process:**

**Applications and payment of $300 per camper for Camp Alpha (for first time attendees), $300 for Camp Bravo (for those who have completed Camp Alpha), $375 for Camp Charlie, must be received by May 1, 2021. Payment includes nonrefundable $50 registration fee.**

Students applying to Camp Charlie should include a handwritten statement of any personal experience with aviation, as well as any interest in pursuing aviation with this application.

Make check payable to EAA Chapter 690 and write name of camper on check. Mail application and check to:

Aviation Camp

EAA Chapter 690

4020 Whispering Pines Trail NW

Conyers, GA 30012-6308

770-630-8567 (Registrar)

summercamp@eaa690.org

[www.eaa690.org](http://www.eaa690.org)

Deposit and Camp Balance can be paid online by going to: <http://www.mkt.com/eaa690>

Scroll down the Summer Camp section and select Alpha, Bravo or Charlie and then Deposit or Balance.