# SUMMER YOUTH AVIATION CAMP REGISTRATION FORM 2022

**June 6th thru 10th from 9:00 am to 3:45 pm**

**Geauga County Airport, Middlefield, Ohio – 7G8**

Camper's Name *(Please print)* _____ Date _____ Weight _____

Address _____ City _____ Zip Code _____

Gender: ____ M ____ F Date of Birth: _____ Age: _____ Going into Grade: _____

School: _____ Circle T-shirt Size *(Adult Sizes)*: S M L XL XXL

Registration Fee ($150) method of payment: ____ Cash _____ Check Number (payable to ***"EAA Chapter 5"***)

Parent/Guardian 1 Name _____ Relationship _____
Daytime Phone _____ Cell Phone_____ Evening Phone _____
Email address: _____

Parent/Guardian 2 Name _____ Relationship _____
Daytime Phone _____ Cell Phone_____ Evening Phone _____
Email address: _____

Additional contact in event parent/guardian cannot be reached:
Emergency Contact Name _____ Relationship _____
Daytime Phone _____ Cell Phone_____

If anyone, other than names listed above, will be picking up your Camper, please list them here.
Name(s) _____ Relationship _____
Name(s) _____ Relationship _____

Are there any heath or medical conditions that the Camp Staff should be made aware of? ___ No ___ Yes
If yes, please explain: _____
_____
_____

Should your camper be restricted from any camp activity? ___ No ___ Yes
If yes, please explain: _____
_____
_____

Send Registration Form, Waiver Agreement, Health History Form and Young Eagles Form along with check (payable to **"EAA 5"**) by April 28th to:

**EAA Chapter 5 SYAC**
**c/o Sherry Niederkorn**
**6988 Weatherby Drive** **440-477-1198**
**Mentor, Ohio 44060** **sherry.niederkorn23@gmail.com**

**EAA5 440-836-3225**
**www.chapters.eaa.org/eaa5**

Please write a short essay on "Why I want to go to Summer Youth Aviation Camp!"

_____

_____

_____

_____

_____

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**CONDUCT EXPECTATIONS -** Behavior Expectations for EAA Chapter 5 Summer Youth Aviation Camp:

- Campers will be expected to conduct themselves in a self-respecting manner in both words and actions.
- Campers will be expected to treat others with respect, regardless of how different their values are.
- Campers are always expected to remain with the group and under the supervision of the camp staff.
- Campers will abide by the rules of good conduct and COVID-19 precautionary procedures.
- Campers are expected to attend all 5 days of the Summer Youth Aviation Camp

Campers will be expected to follow directions, display appropriate/respectful behavior and get along well with other students during all activities throughout Summer Youth Aviation Camp. We understand that if the Camper violates the above conduct rules, the Camper will be dealt with according to the severity of the infraction. The camp staff reserves the right to deal with improper behavior, in what they consider a timely and affective manner, to ensure an atmosphere to help campers further their interest in aviation.

_____ has my permission to participate in the EAA Chapter 5
*Camper's name*

Summer Youth Aviation Camp at the Geauga County Airport from 9 am to 3:45 pm on June 6th thru June 10th.

Parent Signature _____ Date _____

Camper Signature _____ Date _____

***Please return Registration Form, Waiver Agreement, Health History Form and Young Eagles Form, along with check (payable to "EAA 5") by Friday, April 28th, 2022.***

## EAA CHAPTER 5 SUMMER YOUTH AVIATION CAMP 2022

# CAMPER HEALTH HISTORY FORM

Camper's Name *(Please print)* _____ Date _____ Weight _____

Address _____ City _____ Zip Code _____

Gender: ____M/F Date of Birth: _____ Age: ____ Going into Grade: ____ School: _____

**Allergies:** ____ None known ____ Food ____ Medicine ____Environment *(insect stings, hay fever, etc.)*
*(Please list below what the Camper is allergic to and the reaction seen.)*

**Medications:** ____ No ____ Yes
*(Please list the name, dose and frequency of the medications the Camper is currently taking.)*

**Dietary Restrictions:** Campers will be required to bring their own lunch each day. Snacks will be provided.
Does your child have any food allergies? ___ No ___ Yes *(If yes, describe the restrictions.)*

| | |
|---|---|
| Does the Camper have an **Inhaler**: ____ No ____ Yes<br>*(If yes, describe frequency used.)* | Does the Camper have an **Epi-Pen**: ____ No ____ Yes<br>*(If yes, describe circumstances.)* |

Does the Camper wear Glasses: ____ No ____ Yes
Does the Camper wear Contact Lenses: ____ No ____ Yes

Are there any other medical conditions that the Camp Staff should be made aware of?
*(Diabetes, Asthma, Seizures, etc.)*

**Medical Insurance Information:**

This Camper is covered by family medical/hospital insurance ____ No ____ Yes

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number _____

***Please attach a readable copy of both sides of your Insurance card on back side of this form, if appropriate.***

**Parent/Guardian Authorization for Health Care:**

This health history is correct and accurately reflects the health status of the Camper to who it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order X-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this from will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature _____ Date _____ Relationship to Camper _____

*Custodial Parent/Guardian*

***If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.***

Please attach a readable photocopy of the <u>front</u> of the Insurance Card here, if appropriate:

Please attach a readable photocopy of the <u>back</u> of the Insurance Card here, if appropriate:

# EAA CHAPTER ACTIVITY – WAIVER & PERMISSION SLIP

EAA Chapter Number ____5____ Activity Leader(s): __Sherry Niederkorn and SYAC Volunteer Staff Members_____

Chapter Activity Description: _____EAA Chapter 5 Summer Youth Aviation Camp_____

_____Attendance at the one week Day-Camp from June 6 through 10, 2022 daily from 9:00 am to 3:45 pm_____

I give my permission for the young person listed below (the "Minor Participant") to participate in the above Chapter Activity. I represent and warrant that I am the Minor Participant's parent or legal guardian and that I have the authority to enter into this Agreement on behalf of the Minor Participant. In consideration for being allowed to take part in the Chapter Activity, the Minor Participant and I agree as follows:

***Assumption of Risk.*** The Minor Participant and I understand that participation in some activities involves risks, and that we can obtain more detailed information about the above Chapter Activity from the Activity Leaders. Injury, including serious injury or even death can result from many causes, including without limitation improper use of tools by the Minor Participant or others, defective tools, improper or inadequate instruction or supervision, dangerous weather or terrain, structural failure, arguments or fighting, failure of the Minor Participant or others to follow instructions and behavior standards provided by the Activity Leaders and other Chapter volunteers, and other physical, mental and emotional challenges. **The Minor Participant and I (for ourselves, our heirs, family members, personal representatives and assigns) understand that participation in the Chapter Activity is completely voluntary, and hereby assume all risks and full responsibility for any injury or death arising from taking part in the Chapter Activity.**

***Agreement to Waive Liability and Not to Sue.*** **The Minor Participant and I (for ourselves, our heirs, family members, personal representatives and assigns) hereby release and discharge: (a) The Chapter and the Activity Leader(s) identified above; (b) Experimental Aircraft Association, Inc. ("EAA"); (c) EAA Aviation Foundation, Inc.; (d) any medical institution, including without limitation any ambulance service that provides services in an emergency; and (e) the officers, directors, members, employees, medical personnel, agents, divisions, affiliates and volunteers of each of those entities (collectively, the "Releasees") from, and agree not to sue the Releasees or any of them for, any and all claims against any of the Releasees for any injury or death arising from the Minor Participant's participation in the Chapter Activity.** This release, discharge and agreement not to sue applies to all legal rights, including those resulting from any negligence of Releasees, other than those resulting from the gross negligence or willful misconduct of such Releasee.

***Emergency Medical Response.*** In case of an emergency involving the Minor Participant, I understand that efforts will be made to contact me. If I cannot be reached in a reasonable time period, I give permission to the Chapter and Activity Leader(s), and to emergency and medical personnel and institutions, to secure and provide appropriate medical treatment, in their best judgment, including hospitalization, anesthesia, surgery, and/or injections of medication to the Minor Participant. I authorize medical providers and record-keepers, in their best judgment, to disclose protected health information to Chapter and medical personnel who are involved in responding to the emergency.

***Legal Advice.*** *I know that I can talk to my legal advisor about this Agreement, and I have either done so or chosen not to. I understand that I have the right and have been given the opportunity to object to and bargain about the provisions of this Agreement.* ***I am voluntarily signing this Agreement and intend it to be the unconditional release of all liability to the greatest extent allowed by law.***

| _____ | _____ | _____ | _____ |
|---|---|---|---|
| Minor Participant Name | Date of Birth | Home Telephone Number | Cell Phone Number |

_____

Minor Participant Address

| _____ | _____ | _____ | _____ |
|---|---|---|---|
| Parent/Guardian Signature | Date | Home Telephone Number | Cell Phone Number |

| _____ | _____ |
|---|---|
| Parent/Guardian Name | Address |

## Model and Property Release

**Release for use in AA publications:**
In consideration of my engagement as an EAA publications subject, I hereby grant EAA and its legal representatives and assigns, the irrevocable and unrestricted right to use and publish images, videos, and/or voice of me, or in which I may be included, and my property as itemized below, for use in any and all EAA editorial publications or other non-advertising EAA materials in any manner and medium; to alter the same without restriction; and to copyright the same. I hereby release EAA and its legal representatives and assigns from all claims and liability relating to said images. Additionally, I grant further rights to EAA as initialed below:

**Release for use in EAA advertising:** (initial here) _____
In consideration of my engagement as an EAA publications subject, I hereby grant EAA and its legal representatives and assigns, the irrevocable and unrestricted right to use and publish images, videos, and/or voice of me, or in which I may be included, and my property as itemized below, for use in any and all EAA advertising materials in any manner and medium; to alter the same without restriction; and to copyright the same. I hereby release EAA and its legal representatives and assigns from all claims and liability relating to said images.

**Release for use in EAA non-EAA materials:** (initial here) _____
In consideration of my engagement as an EAA publications subject, I hereby grant EAA and its legal representatives and assigns, the irrevocable and unrestricted right to distribute images, videos, and/or voice of me, or in which I may be included, and my property as itemized below, to entities outside EAA upon request for their use in editorial, trade, advertising and any other purpose and in any manner and medium and to alter the same without restriction. The grant contained in the preceding sentence, however, shall apply only if EAA, at or prior to the time of such distribution, instructs the entity requesting the image and/or voice that, prior to using the image and/or voice, such entity must obtain from me, at the address or telephone number(s) listed below, a release for its specific intended usage. If EAA gives that instruction, the entity requesting the image and/or voice shall have the sole responsibility to obtain such a release before proceeding with its intended usage, and I hereby release EAA and its legal representatives and assigns from all claims and liability relating to that usage.

NOTE: Whenever used in this document, "EAA" shall mean the Experimental Aircraft Association, Inc. and its affiliated, sanctioned or sponsored entities.

**Name** (print) _____ **Date** _____

**Property to be imaged** *(include N-number, if applicable)* _____

**Signature** _____ **Phone** _____

**Address** _____

**City** _____ **State** _____ **Zip** _____

**Parent/Guardian Release:** I certify that I am the parent or legal guardian of the above named minor, and have the authority to approve or consent to this agreement on behalf of the minor. I understand and agree to the terms of this document, and expressly consent to my minor child's agreement as well.
**Parent/Guardian Name** (print) _____

**Parent/Guardian Signature** _____ **Date** _____