

2010 Summer Camp Information

Resident Flight Camp

Welcome to Summer Camp!

Our goal is to provide a memorable adventure in a safe and stimulating environment. Our programs promote the excitement of aviation, space exploration, and STEM, however, you may not realize the following benefits are also part of the experience and remain with campers long after camp is over:



- * **Independence**
- * **Responsibility**
- * **Positive Self Image**
- * **Problem Solving**
- * **Positive Adult Role Models**
- * **Teamwork**
- * **Decision Making**
- * **Self Confidence**
- * **Acceptance**
- * **Goal Oriented**

Participants will make new friends and learn about each other. Campers are grouped together according to age.



We are happy to address any special needs you may have, please just let us know as soon as possible prior to your arrival.

Please take a few moments to review the information in this packet. It provides answers to many commonly asked questions and offers helpful information to ensure that participants are well prepared for a fun and rewarding camp experience!

Please keep this information packet on hand until after camp!

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Required Forms

You must complete all forms and return them four weeks prior to your camp. Make sure you keep a copy of each completed form for your files before returning the originals.

- Health Form**
This must be up-to-date information signed and dated.
- Authorization Form**
Complete, sign and date.
- Jetlinx Release Form**
Complete, sign, and date.

All forms that apply are mandatory and must be completed and signed prior to arrival at Camp.

Packing List

Label everything with camper's first & last name. We recommend packing items for Overnight programs in a rolling suitcase or rolling duffle bag.

- * Medications (Labeled)
- * Sleeping bag/pillow
- * Toothbrush/toothpaste
- * Shampoo/soap
- * Hairbrush/comb
- * Sleepwear
- * Appropriate clothes (one set per day)
- * Swimsuit/towel
- * Sunscreen/bug spray
- * Water bottle
- * Rain Jacket
- * Shoes (hiking and casual)
- * Spending money (optional)

Please DO NOT bring cell phones, pagers, hand-held games, or valuables. We are not responsible for lost or stolen items.

Dates & Times / Drop-off & Pick-up

Session 1: June 21 @ 7pm – June 24 @ 11am

Session 2: July 12 @ 7pm – July 15 @ 11am

Drop-off at Platte River State Park

14421 346th St

Louisville, NE 68037-3001

(402) 234-2217

*7 miles Southeast of museum off Hwy 66

Pick-up at Museum

Strategic Air & Space Museum

28210 W. Park Hwy

Ashland, NE 68003

Refund/Cancellation Policy

Refund Policy

In the event you must cancel your reservation, you will receive a refund as defined below:

1. \$75.00 deposit required for all camps is **NONREFUNDABLE**.
2. Cancellation notice must be submitted in writing.
3. The **\$75** (or **\$300** for KSC) deposit is Non-Refundable, however, the balance paid will be refunded to you if written notice is received no later than **three** weeks prior to camp start date.
4. Refund will be issued by check 4-6 weeks after written notice has been received.
5. Cancellations received less than three weeks prior to start date forfeit full payment.
6. Cancellation requests due to a serious illness or accident prior to camp start date require a physicians written verification, we will then issue a full refund.
7. Campers who leave during camp due to illness, including homesickness etc., or due to disciplinary actions will not receive a refund.

Cancellation Policy

We reserve the right to cancel a camp date if participation numbers have not met minimum requirements. You may select an alternative date or request a full refund. Cancellation of camps will happen a minimum of two weeks prior to camp start date.

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Camp Transfer Request

All camp transfer requests must be received no later than two weeks prior to scheduled camp start date. If you change your camp date to a higher priced event, you will be required to pay the additional cost at the time of transfer.

Attending with a Friend

Friend requests not made when you registered must be made no later than two weeks prior to camp start date. Requests made later than that will not be guaranteed.

Camp Staff

Our camp staff consists of full-time museum employees as well as part-time camp counselors. These individuals all have previous experience working with children, at least two years of post secondary education and have undergone background checks prior to working with our campers. Many of our camp staff are professionals from the community that take time from their profession to encourage exploration into the world of STEM, aviation and space flight.

Behavior Policy

Our goal at camp is for campers to take part in a fun and positive environment while exploring the excitement of STEM, aviation and space exploration. We strive to provide an encouraging and interactive environment for all campers and expect all campers to follow certain guidelines to ensure a safe and fun environment for all. This includes having fun, treating everyone, including fellow campers and staff, with respect at all times, following instructions from all camp staff, and displaying behavior conducive to a positive experience for all.

Camp Staff and Coordinators adhere to a 4-strike behavior policy.

1. First strike - the camper receives a verbal correction of behavior.
2. Second strike - camper removed from one activity.

3. Third strike - the camper and camp coordinator phone the parents/guardians at which time they will be required to pick up their child.
4. Fourth Strike - Dismissal for the remainder of camp session.

The camp coordinator reserves the right to dismiss a camper from camp at anytime due to inappropriate behavior or behavior that endangers the safety of other campers. No refund is available if dismissed from camp.

Special Dietary Requests

We provide nutritious meals for campers who are spending the night. If we need to be aware of any special dietary needs, please be sure to send that information a minimum of two weeks prior to the start date of camp. (See Authorization Form)

Medical Information

1. Campers will not be able to begin program activities without a completed health form signed by a parent.
2. Any medical problems must be noted.
3. Flight Camp, Mad Scientist Academy, and Astronaut Academy are learning environments with a structured curriculum. Campers should continue taking any medication that affects behavior or learning ability.

Store Orders

All questions regarding store orders and merchandise should be directed to

Store Manager- 402-944-3100 ext 207.

Spending Money

During every camp, Campers will have the opportunity to visit the museum store. Campers will receive a 10% discount during camp. If you wish to send money with your camper, we suggest that you send between \$5-\$20. The museum store and education department are not responsible for lost or stolen products or money.

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Electronic Devices

All electronic entertainment devices as well as **cell phones are prohibited** from camp due to the constant activity during camps as well as the chance of theft or damage. Other electronic devices such as handheld games, portable DVD players and CD players inhibit the camper from experiencing all camp has to offer and are asked to leave these items at home. In the event that such devices are seen by camp staff, the item will be confiscated and then returned at the end of camp.

Phone Calls

Campers cannot receive personal phone calls or emails while attending camp, unless prescheduled through the Director of Education. In case of an emergency, call the **Director of**

Education (402)-944-3100 ext 209 during regular business hours.

Transportation

Transportation for off-site field trips during camp will be provided by Strategic Air and Space Museum certified drivers.

Important Information

Museum Store Orders (402)944-3100x215
Director of Education (402) 944-3100x209
Camps Coordinator (402) 944-3100x211
Museum Fax (402)944-3160
Web Address www.sasmuseum.com

Strategic Air & Space Museum
28210 W. Park Hwy.
Ashland, NE 68003

AUTHORIZATION FORM

All Summer Camps

Photo Release

The Strategic Air & Space Museum would like to capture the excitement and fun of our Summer Camps with color photographs or video footage of campers in action! The Museum would like to include selected photographs and video footage in future marketing materials (newsletters, brochures, etc.) The Strategic Air & Space Museum is occasionally visited by news media, film crews, and photographers for the purpose of taking promotional or publicity photographs, video, or film. Visitors and guests also take photographs, video, or film. There is a possibility that youth and adults attending programs will be photographed.

Yes, I give my consent to authorize SASM or any other entity or person authorized or designated by it the use and reproduction of all photographs, video, or film taken of the named person below during the program. I understand there will be no compensation for me. All negatives and positives, together with said prints, video and film are the Property of the Strategic Air and Space Museum 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 Strategic Air & Space Museum from responsibility for any distortion or manipulation, whether intentional or otherwise, of photos, video, or film taken of me or my child during my visit.

Yes, I give my consent

No, I do not give my consent

Parent Signature _____

Camper Signature _____

Date _____

Membership

Are you a member of the Museum? Yes _____ No _____

Name on Membership Card: _____

Swimming Ability

Is your Camper a:

Strong Swimmer: _____

Intermediate Swimmer (**no wave pool** (when applicable)): _____

Beginner Swimmer (**no deep end**): _____

Can't Swim (**no pool at all**): _____

No Changes can be made to swimming ability mid-summer.

Flight Team

If your camper would like to be grouped with someone please write his or her name/s below.

Other Camper's Name: _____

City: _____

Other Camper's Name: _____

City: _____

Dietary Needs:

Health Form

All Summer Camps

Important Information

Camper/Parent Agreement –We want to make sure that the environment in which your child participates will be healthy, happy and non-threatening. Therefore, it is understood and agreed upon by campers, parents, and staff that there shall be no use or possession of weapons, tobacco, alcoholic beverages, marijuana, narcotics or non-prescription drugs at any time during the program. Involvement with any of these items can result in removal of your child by the Director of Education. It will be the responsibility of the parent to transport the child home. Camper and parent signatures constitute understanding of and agreement to all of the above. **Must be signed.**

Camper's Name _____ Male/Female _____

Parent/Guardian Signature _____ Date _____

Health History

Diseases

Chicken Pox
 Measles
 German Measles
 Mumps

Allergies

Hay Fever
 Asthma
 Drugs
 Insect Stings
 Ivy, Oak, etc.
 Food

Recurring Illnesses

Ear Infection
 Heart Problems
 Convulsions
 Diabetes
 Behavioral/Emotional
 Epilepsy

Other

Fainting
 Visual Impairment
 Sleep Disturbances
 Learning Disabilities
 Deafness
 AD/HD

Other health-related conditions or details of above (*use separate page if necessary*): _____

Operations or Serious Injuries (*include dates*): _____

Hospitalizations (*include dates*): _____

Specific Activities to be Restricted: _____

ALL prescriptions, over-the-counter medications, vitamins, and herbal products are collected and administered by Full-time staff and MUST be in original containers with labels and dispensing instructions in English.

Specific Medical or Dietary Regimen to be Followed (please include any medication name and when it should be taken) : _____

We have the following generic medications in stock and will be dispensed free of charge as needed: acetaminophen, ibuprofen, decongestant, antihistamine, cough suppressant, throat lozenges, anti-diarrhea, and antibiotic ointment.

Parent Permission: Your signature means compliance with regulations and is required of all participants. I give permission for my child to attend and participate in said program, as indicated, and to use transportation (private and public) selected by the Director of Education. I certify that my child is in good health, the above health history is correct to the best of my knowledge, and that my child has not been recently exposed to any contagious diseases.

Emergency Authorization: I hereby give permission to the medical personnel selected by the Director of Education to order X-rays, routine tests, and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Director of Education to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for my child as named above. This form may be photocopied for use out of office.

Family Physician Name and Phone #: _____

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

Jetlinx Release Form

For Resident Flight Camp Only

STRATEGIC AIR & SPACE MUSEUM FLIGHT CAMP PROGRAM - JET LINX AVIATION, INC. AGREEMENT TO WAIVE LIABILITY, TO ASSUME RISK, AND TO INDEMNIFY

In consideration of being permitted to participate in the Activities (as defined below) conducted by Jet Linx Aviation, Inc. ("Jet Linx") I agree as follows:

1. **Activities** - I would like to participate in various activities related to Strategic Air & Space Flight Camp Program (the "Activities"), including but not limited to the following activities: Riding as a passenger onboard an aircraft, moving about the interior of the aircraft while on the ground and during flight, boarding and unboarding the aircraft, and all related activities.

2. **Assumption Of Risk** - I understand that flying in private aircraft necessarily entails the risk of bodily injury, death and property damage from pilot error or other operational errors. In addition, flights could result in injuries from a combination of factors including but not limited to: engine or mechanical failure, latent defects in the aircraft, negligent maintenance, defects in runways, interference by wildlife or foreign objects, difficult search and rescue, unfavorable weather or terrain, the possibility of contaminated fuel, hard or forced landing, turbulence, or other causes. Injuries that could result will vary, but may include (a) minor injuries such as scratches, bruises and sprains, (b) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks and concussions, and (c) catastrophic injuries, including paralysis and even death. **Notwithstanding these risks and other hazards that may be foreseeable but not specifically identified herein, I, for myself, my heirs, personal representatives and assigns, understand, acknowledge, and expressly and voluntarily assume all risks and full responsibility for any injury, death or property damages arising out of or related to the Activities.**

3. **Release, Discharge, and Agreement Not to Sue** - I, for myself, my heirs, personal representatives and assigns, do hereby release, discharge and agree not to sue Jet Linx, the Strategic Air & Space Museum, and the directors, members, employees, agents, divisions, affiliates, and volunteers of each of those corporations from any and all claims that we might otherwise have against Jet Linx or the Strategic Air & Space Museum, for any injury or death to the participant, or for any damage to our property, arising from, but not limited to, participation in the Activities. This release, discharge and covenant not to sue shall relate to any and all claims or legal rights now existing or arising in the future, including claims and legal rights arising out of any active or passive negligence of Jet Linx and/or the Strategic Air & Space Museum and any other breach of a legal duty arising by common law, statute, contract or otherwise.

4. **Indemnification And Hold Harmless** - I agree to indemnify and hold Jet Linx and the Strategic Air & Space Museum harmless from, without limitation, any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney's fees, incurred, brought as a result of arising out of my involvement in the Activities and to reimburse EAA for any such costs and expenses as they are incurred. I expressly acknowledge and agree that this duty to indemnify and hold Jet Linx and the Strategic Air & Space Museum harmless shall apply even under circumstances where Jet Linx and/or the Strategic Air & Space Museum have acted in a negligent or tortuous manner.

Participant's Name (Printed) _____
Participant's Parent or Legal Guardian (Initials) _____

5. ***Acknowledgements and Full Release*** - I acknowledge that Jet Linx and the Strategic Air and Space Museum have given me the opportunity to discuss the provisions of this document with legal counsel, and that I have either had such discussions, or chosen not to do so. I also acknowledge that I have been given the right to object to and bargain regarding any of these provisions, but have voluntarily and knowingly chosen not to do so. **I am freely and voluntarily signing this Agreement and intend that my signature to be the complete and unconditional release of all liability to the greatest extent allowed by law.**

6. ***JetLinx Operator*** - I understand the Jet Linx is the operator of all aircraft to be used in the Flight Camp flights and the Strategic Air & Space Museum does not own, operate of staff said aircraft and has no oversight for their operations.

6. ***Severability*** - I expressly agree that these agreements are intended to be as a broad and inclusive as is permitted by the law of the state in which the Activities are to be conducted and that if any part of any provision is held to be invalid, it is agreed that the balance of the provisions shall continue in full legal force and effect, notwithstanding such invalidity.

BEFORE SIGNING, READ THIS ENTIRE DOCUMENT VERY CAREFULLY. If an accident were to occur, you (by signing this Agreement) would be giving up legal rights that you might otherwise have. In addition you might be incurring legal liabilities that you might not otherwise have. If you do not understand anything in this document, you should not sign it instead you should consult with your legal advisor.

Participant's Name (Printed)

Participant's Parent or Legal Guardian Name (Printed)

Participant's Parent or Legal Guardian Name (Signed)

Date: _____