



TOP GUN WEEKEND

WEEKEND CAMP 2009

WELCOME!

You have begun the registration process for one of our Top Gun Weekends:
November 13, 2009 or December 4, 2009

We are excited to have you join us for an exciting and fast paced weekend camp.
Camp starts on Friday at 7:00 p.m. and concludes Saturday at 12:00 p.m.
Below are things you will need in order to prepare for your weekend.

Required Forms

You must complete both the Health form and Photo Release form before you leave your child for their Top Gun Weekend Camp.

- **Health Form**

This must be up-to-date information signed and dated.

Date Returned: _____

- **Photo Release Form**

Complete, sign and date.

Date Returned: _____

Here's What to Pack

Label everything with camper's first & last name. We recommend packing items in a suitcase or duffle bag that is easy for the camper to manage.

- Medications (labeled)
- Sleeping bag/pillow
- Toothbrush/toothpaste
- Hairbrush/comb
- Sleepwear
- Appropriate clothes
- Spending money (optional)

*Please DO NOT bring cell phones, hand-held games, or valuables.

*REGISTRATION is not complete until we have received completed PAPERWORK and the full PAYMENT of \$55.00 for each camp!
Payment can be made via check mailed to the museum OR credit card information over-the-phone.

Please call with any questions you may have and we will be happy to help!
We look forward to seeing you at Top Gun!!

Strategic Air & Space Museum Education Staff:

(402)-944-3100 ext.211
28210 West Park Hwy
Ashland, NE 68003

TOP GUN WEEKEND REGISTRATION FORM

Please return this form along with \$55.00 per participant or call with a card number to secure his/her spot in the Top Gun Weekend.

Today's Date _____

Zach Willet
Strategic Air & Space Museum
Education Department
28210 West Park Highway
Ashland, NE 68003

Top Gun Weekend date: _____

Name of Participant(s): _____

Number of youth: _____

Age level of your group (Circle One) Ages 6-11 Ages 12-15 Ages 16-18

Please indicate any special needs during the weekend; such as food allergies:

Parent/Guardian Contact Information:

Name: _____

Address: _____

City/State/Zip: _____

Telephone: (Hm.) (_____) _____ (Wk.) (_____) _____

Signature: _____

Questions – Call Zach Willet @ 402.944.3100 x211

PHOTO RELEASE AUTHORIZATION FORM

Top Gun 2009

The Strategic Air & Space Museum would like to capture the excitement and fun of Top Gun 2009 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 guest also take photographs, video, or film. There is a possibility that students 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: _____

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: _____

Health Form Top Gun 2009

Important Information (Please Return)

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: _____ Phone: _____

Signature of Parent/Guardian _____ Date: _____