

# 2010 Summer Camp Information

## Weekend 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.
- EAA Forms** (2 pages)  
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
- \* Hairbrush/comb
- \* Sleepwear
- \* Appropriate clothes (one set per day)
- \* Swimsuit/towel
- \* Sunscreen/bug spray
- \* Water bottle
- \* 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 11 @ 7pm – June 13 @ 11am

Session 2: July 9 @ 7pm – July 11 @ 11am

Session 3: August 6 @ 7pm – August 8 @ 11am

**\*Campers are dropped off and picked up at the 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](http://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:

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**EAA YOUNG EAGLES PROGRAM  
AGREEMENT TO WAIVE LIABILITY, ASSUME RISK, AND INDEMNIFY**

The young person listed below wants to take part in the EAA Young Eagles program, including riding in an airplane. The Young Eagles program is conducted by volunteer EAA member pilots who are licensed by the Federal Aviation Administration ("FAA"). These volunteer pilots fly a wide variety of aircraft that are also licensed by the FAA. I am the young person's parent or legal guardian and I represent and warrant that I have the authority to enter into this agreement. In exchange for being allowed to take part in the Young Eagles program, the young person and I agree as follows:

**AGREEMENT TO WAIVE LIABILITY AND NOT TO SUE**

The young person and I (for ourselves, our heirs, family members, personal representatives and assigns) **release and discharge** the Experimental Aircraft Association, Inc., the EAA Aviation Foundation, Inc., and the officers, directors, members, chapters, employees, agents, divisions, affiliates and volunteers (including pilots, owners and operators of airplanes used in the Young Eagles program) of each of those corporations ("EAA") from, and **agree not to sue EAA for, any and all claims against EAA for any injury or death arising from the young person's participation in the Young Eagles program.** This release, discharge and agreement not to sue applies to all legal rights, including those resulting from any negligence of EAA, other than those resulting from the gross negligence or willful misconduct of EAA.

**ASSUMPTION OF RISK**

We understand that flying in airplanes and being around airplanes involves risks. Serious injury or death can result from many causes, including airplane crashes, falls, pilot error, ground crew error, engine or mechanical failure, negligent maintenance, defects in runways, interference by birds and other objects, weather conditions, contaminated fuel, or hard or forced landings. Injuries could be minor such as bruises, scratches and sprains, major such as eye injuries, broken bones and concussions, or catastrophic such as paralysis, severe burns or death. If the young person is old enough to understand these risks, I have explained them to him or her. **The young person and I (for ourselves, our heirs, family members, personal representatives and assigns) assume all risks and full responsibility for any injury or death arising from taking part in the Young Eagles program.**

**INDEMNIFICATION**

**The young person and I agree to indemnify and hold EAA harmless** from any claims, costs, damages, and liabilities, including attorney's fees, arising from taking part in the Young Eagles program. **This duty to indemnify and hold EAA harmless applies even if EAA is negligent, however, indemnification is not required if EAA is grossly negligent or has engaged in willful misconduct.**

**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.**

**Before Signing, Carefully Read This Entire Agreement**

**Note from EAA:** If an accident were to occur, you and the young person (by signing this Agreement) would be **giving up legal rights** and incurring legal liabilities. If any part of this Agreement is held invalid, the rest of the provisions shall remain in effect. **If you do not understand anything in this Agreement, you should not sign it and you should talk to your legal advisor.**

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Please Print Young Person's Name

\_\_\_\_\_  
Please Print Parent or Guardian's Name

\_\_\_\_\_  
Date



# EAA YOUNG EAGLES REGISTRATION FORM

**YOUNG EAGLE:** Complete the upper portion of this form (outlined in red) and give it to your volunteer pilot.  
**PARENTS:** Please read and sign the reverse side of this document before the flight.

PLEASE PRINT (IN BLACK) LIKE THIS: A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 0 1 2 3 4 5 6 7 8 9

## YOUNG EAGLES REGISTRATION

LAST NAME OF PARTICIPANT										FIRST NAME										MIDDLE INITIAL	
ADDRESS																					
CITY										STATE/PROVINCE		ZIP/POSTAL CODE									
DATE OF BIRTH (M/D/Y)		HAVE YOU PARTICIPATED BEFORE*										TELEPHONE									
EMAIL ADDRESS																					

\*NOTE: Prior participation does not provide additional flight log program goals; give priority to new participants.

Note to Parent/Guardian: Please read and sign the reverse side of this form before the flight.

## PILOT REGISTRATION

Complete and sign the lower portion of this form and make sure the reverse side is signed before the flight. Following the flight, send the form as soon as possible to the EAA Young Eagles office. Only registrations received at the Young Eagles office can be entered into the World's Largest Logbook.

YOUNG EAGLES PILOT I.D. NUMBER <small>(This ID is used when logging flight)</small>										EAA NUMBER											
LAST NAME										FIRST NAME										MIDDLE INITIAL	
ADDRESS																					
CITY										STATE/PROVINCE		ZIP/POSTAL CODE									
EMAIL ADDRESS										TELEPHONE											
TYPE OF AIRCRAFT										EAA CHAPTER					DATE OF FLIGHT (M/D/Y)						

I certify that I meet the guidelines for participation in the EAA Young Eagles program; I am a current EAA member, I hold a pilot certificate, valid medical certificate (if applicable); I am current in the aircraft I will fly and have a current flight review. I also have passenger liability insurance and the aircraft I will fly is in airworthy condition.

Pilot Signature \_\_\_\_\_ Date \_\_\_\_\_

Send completed form to: **Young Eagles Office**

**P.O. Box 2683 • Oshkosh, WI 54903-2683 • 920.426.4831**

# 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** \_\_\_\_\_