



SKYCAMP REGISTRATION FORM (2017)

Ages 10-14

The Eastman Campus of **Middle Georgia State University** is hosting a 3-day **Aviation camp** for middle school students. Participants will launch and track a high-altitude balloon, learn about the history and physics of flight, aviation weather, aircraft structures, aircraft maintenance, spend time in the flight simulator and air traffic control tower, and help assist with the controls in a flight over Eastman.

Dates: July 25 – July 27 (Tuesday - Thursday), 9:00a.m. - 4:00p.m.

Cost: \$100/camper **(Completed form must be returned with payment to reserve space.)**

Registration Deadline: Registration form and payment must be received by 5:30p.m. June 29th

Sky Camp Capacity = 50 Campers

CAMPER INFORMATION (please print):

Last Name *First Name* *Middle* *Birthdate*

Mailing Address *City* *State* *Zip*

Phone *Male/Female* *School*

Email Address (Required for confirmation of reserved camp space)

Parent/Legal Guardian Signature

Parent/Legal Guardian Name (Print) and Phone Number

Please circle T-shirt size → **Youth:** S M L XL
 Adult: S M L XL

- Complete form and make check payable to: “Middle Georgia State”.
- Mail registration form and check to:

Teresa Lorick
Middle Georgia State University
Walker Hall
1100 Second Street, SE
Cochran, GA 31014

- For more information about SkyCamp:
 - SkyCamp website at www.mga.edu/skycamp
 - Contact Andrea Yawn at the MGA Eastman campus
 - Telephone: 478-374-6700
 - E-mail: andrea.yawn@mga.edu

Please read the following information and sign/initial as noted (four pages total)

Release of Minors:

All children are released at the end of camp each day to their parent/guardian or one of the individuals listed on their form. NO EXCEPTIONS! The College will release the child to parent/guardian listed on the application unless directed by a court to do otherwise.

REMINDER: Photo Identification must be provided at time of pick up.

In addition to names already listed on this application, my child may be released to the following individual(s).

Name: _____ **Telephone #:** () _____

Name: _____ **Telephone #:** () _____

Name: _____ **Telephone #:** () _____

Parent/Guardian

Signature: _____ **Date:** _____

Emergency Contact Information: (Two points of contact must be provided.)

Full name: _____

Relationship to camper: _____

Phone number: _____

Full name: _____

Relationship to camper: _____

Phone number: _____

In the event of an emergency, if I cannot be contacted, you have my permission to treat my child.

Parent/Guardian signature: _____

Name of child's physician: _____

Phone number of child's physician: _____

Please list any medications taken by child:

(No medications will be administered by SkyCamp faculty/staff.)

As lunch will be provided for SkyCamp attendees, please list any known food allergies child has:

SkyCamp Code of Conduct:

SkyCamp is meant to be a fun and educational activity. For the benefit of all, it is important that children behave appropriately while attending this aviation camp. In order to maintain a safe and peaceful camp environment, we require parents and campers to read and comprehend the importance of abiding by the following code of conduct.

- I will follow the SkyCamp schedule.
- I will respect SkyCamp faculty, staff, and other campers.
- I will follow all safety rules set forth by the SkyCamp staff.

Camper Signature: _____ Date: _____

- I agree to help my child abide by this code of conduct.

Parent Signature: _____ Date: _____

If it becomes necessary to take disciplinary action against a student, the steps that will be followed are outlined below.

- 1st incident: The child will receive a verbal warning.
- 2nd incident: Staff will determine an appropriate consequence for the camper's actions (examples may include a "time out" or exclusion from participating in an activity). The camper's parent will be notified of their behavior when they arrive to pick up the child.
- 3rd incident: The child will be excused from camp without a tuition refund.

The SkyCamp Staff of the Eastman Campus of Middle Georgia State University reserve the right to bar any child from SkyCamp following a first incident in cases of serious behavior problems.

Release, Waiver of Liability, and Covenant Not To Sue

READ CAREFULLY BEFORE SIGNING

I, _____, parent or guardian of _____, acknowledge that it is within my legal authority to give permission for, and do voluntarily give that permission for, above stated registrant to participate in all activities (including flying activities, if applicable) at the Eastman Campus of Middle Georgia State University. In consideration of Middle Georgia State University permitting the above stated registrant to participate in this activity, I, for myself, my heirs, administrators, executors, and assignees, hereby covenant and agree that I will never institute, prosecute, or in any way aid in the institution or prosecution of, any demand, claim, or suit against the State of Georgia and/or its officer, agents, or employees, or Middle Georgia State University employees acting officially or otherwise, any loss, damage, or injury to the registrant or my property which may occur from any cause whatsoever as a result of my participation in the activities of Middle Georgia State University.

If I should demand, claim, sue, or aid in any way in such a demand, claim or suit, I agree to indemnify the State of Georgia for all damages, expenses, and costs it may incur as a result thereof.

I understand and agree that I am assuming the risk of any personal injury or property damage that may result while participating in Middle Georgia State University activities, including such injuries or damage as maybe caused by the negligence of the State of Georgia.

I also understand that I may be held liable for any damage or loss to the State of Georgia which is caused by gross negligence, willful conduct, dishonesty, or fraud.

The term State of Georgia as used herein includes Middle Georgia State University and any officer, agent, or employee of the State of Georgia or Middle Georgia State University acting officially or otherwise.

I hereby certify that I have read the above carefully before signing.

IN WITNESS WHEREOF, I have hereunto set my hand this ____ day of _____, 20 ____.

Witness

Activity Participant's Name

SkyCamp

Description of Activity

Parent/Guardian Signature

(Required for participants under 18 years of age)

Middle Georgia State University, Eastman Campus

Location of Activity

July 25- July 27th, 2017

Date of Activity

Parent/Guardian Signature: _____ Date: _____



PHOTO RELEASE FORM FOR MINORS (under age 18)

Middle Georgia State University enjoys telling the good stories about events that occur on our campuses. We often shoot photographs at these events and use them on social media. Occasionally, local news media will attend these events and take photos. We respect the privacy of our guests, so we ask for your acknowledgement that photos may be taken of your child and that we have your permission to use them for these purposes.

Name of Event: SkyCamp

Date(s): July 25th – July 27th, 2017

I attest that I am the parent or legal guardian of the minor listed below.

Print Name of Parent/Guardian: _____

Signature: _____ **Date:** _____

Street Address: _____

City, State and Zip: _____

Names and Ages of Minors Attending the Event:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

_____ *I prefer my child not be included in any photo or news story about this event.*