



Aerospace Camp Experience (ACE) - Camper Information Form

Complete ALL 3 Pages. Form must be received, with payment, no later than 30 DAYS PRIOR to the start of camp week

CAMPER INFORMATION

Camper's Name _____ Birthday: _____ Gender: M F
 Last First Middle mm/dd/yyyy

Camper's Address _____ Home Phone (_____) _____

City _____ State _____ Zip _____ Camper lives with: _____

School attending in fall _____ Grade in Fall _____ Age this Summer: _____

Camp(s) Attending _____ Has camper attended ACE before? Y N

Swimming Ability (if in Planetary Voyagers or Advanced Camp) _____

SCUBA Experience (if in Advanced Camp Space Training or Robotics Masters) _____

Flight Experience (if in Advanced Camp) _____

CRITICAL CONTACT INFORMATION

Parent/Guardian 1: _____ Relationship to Camper: _____

Employer: _____ Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Address(if different than campers): _____ City, State: _____ Zip: _____

E-Mail Address _____

Parent/Guardian 2: _____ Relationship to Camper: _____

Employer: _____ Day Phone: _____ Evening Phone: _____ Cell Phone: _____

Address(if different than campers): _____ City, State: _____ Zip: _____

E-Mail Address _____

LOCAL EMERGENCY CONTACTS *Authorized to act on behalf of parent(s) if they cannot be reached.*

Name 1: _____ Phone 1: _____ Phone 2: _____ Relationship to Camper: _____

Name 2: _____ Phone 1: _____ Phone 2: _____ Relationship to Camper: _____

CHECKOUT OPTIONS *If no preferences are indicated, camper will be enrolled in "Sign Out Plan With ID Check"*

Checkout Options available for Planetary Voyagers (grades 5-7) and Advanced Camps (grades 7-9) only.

For ACE Apprentices "leave-on-your-own" is the ONLY available option.

For Flight Camp (grades 1-2) and Aerospace Explorers (grades 3-4), "sign-out plan" is the ONLY option.

Leave-On-Your-Own Plan: My child is allowed to sign him/herself out at the end of his/her camp. Children on this plan leaving camp early must give the camp office/director a note from their parent/guardian, stating what time they are leaving.

Sign Out Plan | No ID Check

Sign Out Plan | With ID Check: My child should be kept at camp in the designated checkout area until an authorized person signs him/her out. "Critical Contacts" previously listed are automatically authorized to sign out. List additional authorized sign out people below. Subsequent additions and deletions to this list must be made in writing by parent/guardian.

List all persons authorized to pick camper up. PRINT CLEARLY.

1. _____
2. _____
3. _____
4. _____

Check Photo Identification

Yes: I want photo ID checked DAILY for the person signing out my child (must be on sign-out plan).

No: Photo ID does NOT need to be checked for the person signing out my child.

Do Not Release To: My child should NEVER be released to:

If no preferences are indicated, camper will be enrolled in "Sign Out Plan With ID Check"

BASIC HEALTH INFORMATION

Date of last DTaP/DTP/DT/Td: Year _____ MMR Current? Yes No

Camper's Physician or Health Care Facilitator: _____ Phone: _____

Please check all that apply: ADD Asthma-Mild Hearing-Impaired Mobility limitations Diabetes
 ADHD Asthma-Severe Developmental Delay Speech/Language Impairments Seizures or Epilepsy

Allergies(list all allergies plus **reaction and treatment**): _____

Medications(list all including dosages to be taken at camp): _____

Special Dietary Needs: _____

Describe any special needs, chronic illness, recent operations or injuries, health or emotional issues which might affect participation in regular camp activities: _____

AUTHORIZATION/RELEASE

My child/ward has permission to participate in the camp activities and trips during the session(s) and program(s) for which he/she is enrolled. This may include rocketry, flying aircraft, or SCUBA diving. I understand that camp activities have inherent risks, and that reasonable measures will be taken to safeguard the health and safety of all participants. I will assure that my child is properly prepared for all activities including having proper clothes and equipment, being in good health, and willing and able to abide by camp policies. I recognize that campers must follow safety instructions, remain in areas designated by staff, and refrain from behavior that is harmful to themselves and others. Failure to adhere to camp policies will be cause for dismissal without refund of the camp fee. In the event my child is photographed, filmed or recorded while participating in ACE, The Museum of Flight may use the photo, film, or recording for publicity, promotional, or instructional purposes.

I understand that I will be notified as soon as possible in case of any emergency affecting my child, or if my child is not well or is unable to function in camp. I give permission for the personnel selected by the camp to provide appropriate routine and emergency care of my child and any dispensing of medications and/or transport necessary for that care, including the following medications:

- PABA-Free Sunscreen •Antibiotic ointment •Saline Eye Solution
- Antiseptic Cleansing Wipes • For anaphylaxis (life threatening emergency): Epinephrine

Dosages will be administered according to directions on the package unless a physician directs otherwise.
Please note any of the above medications you child is ALLERGIC to or should not have:

In case of medical emergency, after every reasonable effort has been made to contact me, the family physician or the emergency contacts listed on this form: I hereby give permission to the medical provider selected by the ACE Coordinator or Director of Education Programs to secure and administer treatment, including hospitalization, for the child named above, and agree to have the ACE Coordinator arrange necessary related transportation for my child, and agree to be responsible for expenses incurred in these measures.

I understand the above statements and have completed this form to the best of my knowledge.

Parent/Guardian Signature: _____

Date: _____

Mail completed form with signature no later then 30 days prior to start of camp to:

**ACE Coordinator
The Museum of Flight
9404 East Marginal Way South
Seattle, WA 98108**