

Parent Handbook 2017 Aerospace Discovery Destination Aviation Summer Camps

Purpose: Parent handbook guidelines will assist all participants and families in having an enjoyable summer camp experience.

Description: Aerospace Discovery summer camps are aviation based learning environments designed to educate and inspire with a counselor/student ratio of 1:15. Our camps have specialized indoor and outdoor aviation activities. Destination Aviation day camps and residential camps run concurrently. Destination Aviation campers may participate in a flight program sponsored by Flight Safety International. This is an opportunity to fly a general aviation aircraft with an instructor pilot on a short cross-country flight between airports. Camp facilities include the Tom Davis Education Center, Piedmont Aerospace Lab, Florida Air Museum, Buehler classroom annex, the Cessna Education building and acres of green grass and trees. The Tom Davis Center is home to residential campers and includes dining and recreational facilities.

Enrollment: Enrollments are limited and prior registration is required. Please send payment with registration to ensure enrollment.

Refund Policy: Cancellations accepted and refunds (less \$25 handling fee) are made up to 1 week prior to camp start.

Camp Dates - Hours: Day camps run Monday – Friday. Residential camps are concurrent with day camps and run Sunday afternoon – Friday. Age and date details are on registration pages. Destination Aviation Summer Camps begin at 9:00 – 4:00 p.m. but will vary on flight and presentation day. Parents are welcome at all times.

Financial Assistance: Financial assistance may be available to those who qualify. Applications are part of this handbook.

Late Fees: We do not normally charge late fees but we expect all participants to be picked up no later than 15 minutes after the ending time for camp. Please call and make arrangements if pickup time is to be delayed.

Sign-In and Sign-Out: Participants may be signed in and out by the same adult each day without photo ID. Otherwise, only adults listed on the Summer Day Camp Permission Form with photo ID will be permitted to pick-up your camper. Please be sure to include anyone that you may want or need to pick up your participant on the Summer Camp Permission Form.

Emergency Contacts: Emergency contacts and an authorized pick up list must be completed as part of your participant's registration packet. Should any numbers or contacts change, please update your camper's registration forms immediately. Only adults listed on the Summer Day Camp Permission Form with photo ID will be permitted to pick-up your camper.

Personal Items: Participants should not bring toys or unsecured personal items. Residential campers will be provided with a lockable trunk for personal effects. Florida Air Museum or Sun 'n Fun staff will not be responsible for lost, stolen, or broken personal items.

Camp Dress: Participants will be most comfortable in appropriate shorts, t-shirts, and sneakers. Sandals are not permitted for outside daily activities. Each camper will receive a t-shirt which will be worn on a specified day.

Safety: Our campus is adjacent to Lakeland Linder Regional Airport and participants must be aware that aircraft are all around our campus and must follow all proper safety instructions.

Lunch & Snack: Destination Aviation day camp participants must bring a lunch with drink everyday unless otherwise stated (Lunch provided for overnight, residential campers.). Lunches can be in a small lunch box cooler or bag. We have refrigeration available. Please do not bring any food that requires microwave. We provide snacks or participants may bring their own.

Medication: We have a **NO MEDICATION** policy. Exceptions may be made for life sustaining medication. If accepted, a **consent form must be filled out** and put on file.

Discipline Policy: Camp staff and parent/guardian communication is encouraged to resolve issues quickly. However, if a participant is disrespectful to other participants, staff and/or property, Destination Aviation summer camp reserves the right to remove the participant without a refund.

Camp Staff & Volunteers: All camp counselors are either current or retired teachers. Volunteers are assistants to councilors and are of ages 16 years and older. All staff receives training. Adult staff is background checked.

Day Camps & Residential Camps run concurrently: Residential campers will receive additional evening programs to enhance the camp experience.

Residence camps begin on Sunday afternoon to help acclimate the residential campers.

Residential Camper Airport Pick-up/Drop-off: Residential campers may be picked up and returned to Tampa International Airport for nominal extra fee. Explicit arrangements must be made with the Education Director to ensure the safety of the camper. Cell phones are encouraged for campers traveling alone.

Private flights to summer camp at SUN ‘n FUN: We warmly welcome all who wish to take their own airplane to drop off or pick up a Destination Aviation camper. Fly in to Lakeland Linder Regional Airport (KLAL) and we will meet you at the SUN ‘n FUN hangars.

Please schedule in advance.

Security: Residential campers are supervised 24 hours a day and are given a trunk with a lock to keep their clothing and personal items. E-mail is also available and encouraged.

Diets: We have a very limited ability to accommodate special diet requests. We must be aware of any food allergies in advance to aid menu preparation.

<u>Emergency Contact:</u>	SUN ‘n FUN (9 a.m. to 5 p.m.)	863-644-2431
	Tom Davis Aerospace Center (Dorm)	863-904-4004
	Piedmont Aerospace Center (Classroom)	863-904-4073
	Richele Floyd - Education Director	863-617-8869 (cell)
	E-mail	Rfloyd@flysnf.org
	Fax	863-904-4049

DESTINATION AVIATION RESIDENTIAL CAMP

ITEMS TO BRING

Light clothing: Underwear, shorts and T's. Conservative bathing suit.
Tennis shoes or equivalent required – no sandals/flip-flops please
Sleeping bag: light weight
Pillow with case
Towel & washcloth
Soap & Personal items
 Deodorant
 Tooth brush
 Tooth paste
 Sun screen
 Mosquito repellent
Smart phone (cell phone) or tablet device
Spending money (limited opportunity to purchase items)

OPTIONAL ITEMS

Inexpensive camera
Sandals
Smart phone, I-pad, or music device and chargers

DO NOT BRING

Computers (laptops)
Electronic Games
Toys

GENERAL COMMENTS

Each camper will receive a trunk with a lock to keep personal items. Opportunities to wash clothing, towels, etc. will be on a dire need basis only. Please do not bring extra food as we offer a complete menu of healthful food and snacks and can accommodate some diet requests if made in advance. To maintain a healthy environment, campers will be asked to do simple chores to maintain their areas. Our programs are peer interactive and ample opportunity will be made to use computers for simulations and aircraft design (and e-mail). Approved medications (except for inhalers or epi-pens) must be turned over to counselors on arrival. We have a no tolerance policy for unlawful behavior, illegal drugs or alcohol on our site.

Campers and all people associated with our camps must abide by the Aviator's Creed:

"I will care for this earth and sky as I do others; with dignity and respect."

Contact Information

E-mail:	Rfloyd@flysnf.org Educate@flysnf.org
Piedmont Lab	863-904-4073 (Classroom)
Davis Center	863-904-4004 (Dorm)
Camp Director:	863-617-8869 (cell)
SUN 'n FUN	863-644-2431 (9 a.m. to 5 p.m.)
FAX:	863-904-4049

*Retain these three pages. Return completed registration forms to SUN 'n FUN.
Scholarship form not required unless applying for aid.
Keep copies for your records.*



**Destination Aviation
Summer Camps
at
Aerospace Discovery
2017**

Camper Name _____
 Birth Date _____ Age _____ M/F _____

Choose DA Camp DA-1 \$400 Ages 11-12 June 12 - June 16 Day & Residential
 (Check one DA Camp) DA-2 \$400 Ages 11-12 June 19 – June 23 Day & Residential
 DA-3 \$400 Ages 13-14 June 26 - June 30 Day & Residential
 DA-4 \$400 Ages 13-14 July 10 - July 14 Day & Residential
 DA-5 \$400 Ages 15-18 July 17 - July 21 Day & Residential
 DA-6 \$400 Ages 15-18 July 31 – Aug. 4 Day & Residential

Residential Option: Add \$400 to above pricing

Eligible for scholarship? - enclose application (see last page) and documentation.

Parent/Guardian Information

Name _____ Mail address _____
 Signature _____ City _____ zip _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 E-mail address _____ (needed for confirmation)

*Amount enclosed \$ _____ Ck. # _____ Checks payable to Florida Air Museum

Credit card Information: Am Ex Discover MC VISA

Card Nbr: _____ Exp. Date _____
 Signature _____ 3 digit security Code _____

*NOTE: A \$25 non-refundable deposit reserves camp with balance due 1 week before camp starts.
 *Please inform if billing address is different than above

Return all registration materials with payment to:

Destination Aviation Camp Registration
 c/o SUN 'n FUN
 4175 Medulla Road
 Lakeland, FL 33807-7670

Use reverse side for any additional information you would like us to know.

**Florida Air Museum, Inc.
A Florida Corporation Not For Profit
Summer Camp Permission Form**

Name of Participant: _____

Name of Parent/Legal Guardian: _____

Address: _____

Phone: (h): _____ **(c)** _____ **(w)** _____

PHOTO RELEASE

I understand that Sun `n Fun Fly In, Inc. takes photographs of activities conducted under the auspices of the Sun `n Fun Fly In, Inc. I understand that occasionally, photographs are released only to legitimate news and marketing organizations for the purpose of supporting public relations, future attendance and program viability. I hereby give and grant my permission for my child's presence and participation in Sun `n Fun Fly In, Inc. programs and give and grant my consent to such photography and release of such photographs.

Parent/Legal Guardian Signature _____

Initial the following:

1. I give permission for my child to ride in the vehicles designated by Florida Air Museum, Inc. for any trips for summer day camp.

_____ Yes _____ No

2. I give permission for my child to fly in a general aviation aircraft approved by Florida Air Museum, Inc. specifically for summer day camp.

_____ Yes _____ No

3. List the following individuals that you give permission to pick up your child. Your child will not be released to anyone not listed below. Anyone picking up your child will be asked to show photo ID.

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

4. List 2 emergency contacts.

Name _____ **Relationship** _____

Address _____

Phone: (h) _____ **(c)** _____ **(w)** _____

Name _____ **Relationship** _____

Address _____

Phone: (h) _____ **(c)** _____ **(w)** _____

Parent/Legal Guardian Print Name _____ **Date** _____

Parent/Legal Guardian Signature _____ **Date** _____

Florida Air Museum, Inc.
A Florida Corporation Not For Profit
Child's Health History

Name of Child: _____ Date of Birth: ____/____/____

Diagnosed With:	Asthma	Yes	No	Allergies (If yes, to what?):			
	Lung Disease	Yes	No	Medications	Yes	No	To What? _____
	Diabetes	Yes	No	Foods	Yes	No	To What? _____
	Takes Insulin	Yes	No	Insects	Yes	No	To What? _____
Chronic Infection of:				Pollen	Yes	No	To What? _____
	Nose	Yes	No	Aspirin	Yes	No	To What? _____
	Throat	Yes	No	Aspirin Substitute	Yes	No	To What? _____
	Ears	Yes	No	(NOTE: Child should be aware of food allergies			
	Sinus	Yes	No	And limit his/her consumption as needed)			

Subject to:	Disability	Yes	No	List	_____
	Fainting	Yes	No		
	Frequent Headaches	Yes	No	Tetanus inoculation date:	_____
	Hyperactivity	Yes	No		
	Bedwetting	Yes	No	Has girl menstruated? Yes	No
	Sleepwalking	Yes	No	(painful? Irregular?) Yes	No
	Motion Sickness	Yes	No		
	Restlessness	Yes	No		
	Nose Bleeds	Yes	No		

Any recent exposure to contagious disease? Yes No When? _____ to what? _____

Any recent operations? Yes No If yes, list: _____

Recent serious injuries/illnesses? Yes No If yes, list: _____

List Present Medications	Medication	Taken For
	_____	_____
	_____	_____
	_____	_____

Should your child be restricted from any activity? ____Yes ____ No If yes, list: _____+

Additional information _____

_____ Medication Administration: Florida Air Museum. has a **NO MEDICATION** Administration Policy.
 Initial If your child requires a life sustaining medication a Consent form for administration of medication must be completed by parent/legal guardian and given to the Education Director for approval. Florida Air Museum, Inc. has the right to refuse to accept medication and/or refuse to administer medication. If accepted all medication must be in original packaging and labeled indicating dosage prescribed by physician, this includes over the counter medications.

_____ If child has suffered a serious accident or illness within the past twelve months or is subject
 Initial to a more serious health condition or if there is any question about activity restriction, at the discretion of the Education Director further information or specific permission to participate in activities may be required for which the doctor may be contacted and a written physician consent obtained. The staff and volunteers may not be qualified to care for some special needs therefore further services evaluation may be necessary for care to be provided. Reasonable accommodations that do not alter Sun 'n Fun Fly-In, Inc. program may be made.

_____ In the event my child suffers any illness or accident requiring emergency treatment while involved
 Initial in any Florida Air Museum, Inc. activity, I hereby give permission for any necessary hospitalization, medication, or surgery on recommendation of medical personnel, in which case all such expenses shall be paid by me except where covered by board accident insurance policy. In the event of sickness or accident, I waive all claims against volunteers, staff, Florida Air Museum, Inc Board Members, or operators of Florida Air Museum, Inc. or its agents that may arise from participation in the activities of Florida Air Museum, Inc.

 Parent/Legal Guardian Signature

 Date

**GENERAL RELEASE, WAIVER,
HOLD HARMLESS, AND INDEMNITY AGREEMENT
SIGNED BY MINOR CHILD'S NATURAL GUARDIAN
AND
NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN**

Printed name and address of Minor Child and **RELEASOR**:

Phone: _____

**NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN
READ THIS FORM COMPLETELY AND CAREFULLY.**

YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF RELEASEES NAMED BELOW IN PARAGRAPH 4 USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM RELEASEES NAMED BELOW IN PARAGRAPH 4 IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND RELEASEES NAMED BELOW IN PARAGRAPH 4 HAVE THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Sun 'n Fun Fly-In, Inc., a Florida corporation not for profit ("SnF"), and Florida Air Museum, Inc., a Florida corporation not for profit ("FAM"), are each Section 501(c)(3), Internal Revenue Code, tax exempt entities, the address of both of which is 4175 Medulla Road, Lakeland, Florida 33811, and both are located at Lakeland Linder Regional Airport, Lakeland, Polk County, Florida ("Lakeland Linder").

The undersigned releasor, as Natural Guardian of the Minor Child ("**RELEASOR**") wishes to allow the Minor Child to ride or be a passenger in, to assist in the movement or ground handling of, and/or to fly or to pilot or to assist in the flying or piloting or otherwise operate or participate in the operation of an aircraft, including, but not limited to, fixed or rotary wing aircraft, hot air balloons, or any other aerodynamic vehicle or flying machine, and/or to participate or engage in any other activity, event, class, training, experience, or educational, recreational, or developmental event sponsored or co-sponsored by SnF and/or FAM, whether individually or with other persons or entities (the "Activity"). **RELEASOR** acknowledges that he or she wishes to permit the Minor Child to participate in the Activity, or a portion of it, which participation **RELEASOR** acknowledges and understands could or would accrue, develop, increase, or add to the inherent risk to which the Minor Child could or would be exposed resulting in or involving personal injury including, specifically, death, to the Minor Child and/or to others, and property damage resulting from an inherent risk in the Activity. As used in this Agreement, the term "inherent risk" means those dangers or conditions, known or unknown, which are characteristic of, intrinsic to,

or an integral part of the Activity and which are not eliminated even if the **RELEASEES**, or any one of them, acts with due care in a reasonably prudent manner. The term “inherent risk” includes, but is not limited to: (1) the failure by the **RELEASEES**, or any one of them, to warn **RELEASOR** or the Minor Child of an inherent risk; and (2) the risk that the **RELEASEES**, or any one of them, or another participant in the Activity may act in a negligent or intentional manner and contribute to the injury or death of the Minor Child. **RELEASOR** acknowledges that the Minor Child has been given permission to participate in the Activity **because of and in consideration for and ONLY as the result of RELEASOR’S willingness to sign this General Release, Waiver, Hold Harmless, and Indemnity Agreement (the “Agreement”)** and to release and waive him or her and the Minor Child’s claims and rights and to hold harmless and indemnify the **RELEASEES**, or any one of them, as described specifically below, in Paragraph 4, in this Agreement (“**RELEASEES**”). Accordingly, as a condition of participating in the Activity, **RELEASOR**, in consideration for the Minor Child being accepted to participate in the Activity, agrees for himself or herself and the Minor Child and for the Minor Child’s children, heirs, next of kin, assigns, personal representatives, agents, and insurers as follows:

1. **RELEASOR HEREBY RELEASES, WAIVES, DISCHARGES, AND AGREES AND COVENANTS NOT TO SUE THE RELEASEES, OR ANY ONE OF THEM, FROM OR FOR ANY LIABILITIES, CLAIMS, ACTIONS, SUITS, DAMAGES, COSTS, OR EXPENSES OF ANY NATURE, INCLUDING ATTORNEYS’ FEES, ON ACCOUNT OF OR FOR ANY PERSONAL INJURY TO THE MINOR CHILD, INCLUDING, SPECIFICALLY, DEATH, OR FOR OR ON ACCOUNT OF ANY DAMAGE TO ANY PROPERTY OF THE RELEASOR OR MINOR CHILD WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES, OR ANY ONE OF THEM, OR OTHERWISE ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE MINOR CHILD’S PARTICIPATION IN THE ACTIVITY INCLUDING PERSONAL INJURIES, INCLUDING, SPECIFICALLY, DEATH, OR PROPERTY DAMAGE OCCURRING BEFORE, DURING, OR AFTER THE ACTIVITY.**

2. **RELEASOR HEREBY ASSUMES FULL RESPONSIBILITY FOR AND ALL RISK OF ANY PERSONAL INJURY TO THE MINOR CHILD, INCLUDING SPECIFICALLY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE MINOR CHILD’S PARTICIPATION IN THE ACTIVITY, INCLUDING PERSONAL INJURY, INCLUDING, SPECIFICALLY, DEATH, OR PROPERTY DAMAGE OCCURRING BEFORE, DURING, OR AFTER THE ACTIVITY WHETHER DUE TO THE NEGLIGENCE OF RELEASEES, OR ANY ONE OF THEM, OR OTHERWISE. RELEASOR ACKNOWLEDGES THAT RELEASOR IS FULLY AWARE THAT FLIGHT INVOLVES TRAVEL AND MOVEMENT IN THREE DIMENSIONS AND THAT SUCH IS SUBJECT TO MISHAP, PROPERTY DAMAGE, AND/OR PERSONAL INJURY, INCLUDING, SPECIFICALLY, DEATH, AND RELEASOR VOLUNTARILY ASSUMES FULL RESPONSIBILITY FOR AND ALL RISK OF ANY OR ALL OF SUCH.**

3. **RELEASOR hereby holds harmless and indemnifies the RELEASEES, or any one of them, against any and all liabilities, claims, actions, damages, costs or expenses of any nature, including attorneys’ fees, for or on account of any personal injury including, specifically, the death of any individual, including, specifically, the Minor Child or for or on account of any property damage to the property of any person or entity arising out of the Minor Child’s participation in the Activity.**

4. **RELEASEES** are: (a) the pilot and/or owner of any aircraft and/or the operator or owner of any other vehicle participating in the Activity; (b) any person or entity providing information or instruction of any kind relating to the flight or operation of an aircraft and/or the movement or operation of any other vehicle at the Activity; (c) Sun ’n Fun Fly-In, Inc., a Florida corporation not for profit; (d) Florida Air Museum, Inc., a Florida corporation not for profit; (e) the City of Lakeland, Florida; and (f) all of the respective officers, directors, employees, agents, contractors, attorneys, affiliates, volunteers, and commissioners of the aforementioned **RELEASEES**.

5. **RELEASOR ACKNOWLEDGES THAT NO WARRANTIES, EITHER EXPRESSED OR IMPLIED, HAVE BEEN GIVEN TO RELEASOR CONCERNING THE SAFETY OR FITNESS OF THE ACTIVITY; THE SAFETY OR THE FITNESS OF THE AIRCRAFT OR THE MOVEMENT OR OPERATION OF ANY OTHER VEHICLE OR THE FLIGHT OR OTHER MOVEMENT OF THE AIRCRAFT OR THE MOVEMENT OR OPERATION OF ANY OTHER VEHICLE; THE SAFETY, FITNESS, OR QUALIFICATIONS OF THE PILOT OR OPERATOR; AND THAT ALL OF THE ACTIVITY INCLUDING THE FLIGHT OR MOVEMENT OF THE AIRCRAFT OR MOVEMENT OR OPERATION OF ANY OTHER VEHICLE IS BEING ACCEPTED, AGREED TO, AND ATTEMPTED AT THE MINOR CHILD’S OWN RISK AND WITH RELEASOR’S FULL CONSENT AND KNOWLEDGE.**

6. The **RELEASOR** acknowledges that no representations, promises, or inducements apart from the terms set forth in this Agreement have been made by **RELEASEES**, or any one of them.

7. It is agreed by **RELEASOR** that this Agreement shall be governed by and construed in accordance with the laws of the State of Florida.

8. **RELEASOR** agrees that this Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida and that if any portion is held invalid, the balance shall, continue in full force and effect.

9. **ATTORNEYS' FEES, VENUE, AND WAIVER OF TRIAL BY JURY: IN ANY ACTION BROUGHT TO ENFORCE OR TO INTERPRET THIS AGREEMENT, THE PREVAILING PARTY SHALL BE ENTITLED TO RECOVER ITS COSTS AND REASONABLE ATTORNEYS' FEES INCLUDING, WITHOUT LIMITATION, ATTORNEYS' FEES INCURRED IN CONNECTION WITH ANY APPEAL OR CERTIORARI PROCEEDING, AND THE SOLE AND EXCLUSIVE VENUE OF ANY SUCH ACTION SHALL BE IN THE CIRCUIT OR COUNTY COURT OF POLK COUNTY, FLORIDA, OR IN THE UNITED STATES DISTRICT COURT FOR THE JUDICIAL DISTRICT IN WHICH POLK COUNTY, FLORIDA, IS OR MAY BE LOCATED. RELEASEES AND RELEASOR RENOUNCE AND WAIVE ANY RIGHT TO HAVE ANY SUCH CONTROVERSY LITIGATED, ARBITRATED, MEDIATED, OR RESOLVED BY ANY OTHER LEGAL OR QUASI-LEGAL PROCEEDING IN ANY OTHER PLACE WHETHER PURSUANT TO THE DOCTRINE OF FORUM NON CONVENIENS OR OTHERWISE. RELEASEES AND RELEASOR RENOUNCE AND WAIVE ANY RIGHT WHATSOEVER TO A TRIAL BY JURY. FOR THE PURPOSES OF THIS AGREEMENT, "ANY ACTION BROUGHT TO ENFORCE OR TO INTERPRET THIS AGREEMENT" SHALL BE CONSTRUED TO MEAN LITIGATION, ARBITRATION, MEDIATION, AND ANY OTHER LEGAL OR QUASI-LEGAL PROCEEDING.**

10. **RELEASOR** warrants that he or she is over eighteen (18) years of age.

RELEASOR HAS CAREFULLY READ AND IS VOLUNTARILY SIGNING THIS GENERAL RELEASE, WAIVER, HOLD HARMLESS, AND INDEMNITY AGREEMENT.

IN WITNESS of my acceptance of and agreement to the foregoing, I, the **RELEASOR**, execute this General Release, Waiver, Hold Harmless, and Indemnity Agreement at Lakeland Linder Regional Airport in Lakeland, Polk County, Florida, on this _____ day of _____, 20____.

Signature of **RELEASOR**:

Two (2) Witnesses as to Signature of **RELEASOR**:

(Signature)

(1) _____
(Witness Signature)

(Print Name)

(1) _____
(Print Name of Witness)

(2) _____
(Witness Signature)

(2) _____
(Print Name of Witness)

(SnF 03/2012)

Destination Aviation Summer Camp Scholarship Application

This form required only if applying for scholarship aid.
Your financial status not required to participate otherwise.

Submission of this application does not guarantee receipt of or amount of funding.
(Please Print Legibly)

Camper's Name _____

Parent/Guardian Name _____

FAMILY FINANCIAL INFORMATION (From IRS 1040)

Adjusted Gross Income of Parents/Guardians Under \$30,000 { } \$31,000 to \$50,000 { }

Number of exemptions claimed _____ \$50,000 to \$75,000 { } Over \$75,000 { }

Are you participating in any government-assistance programs? Yes { } No { }

If yes, list programs and provide documentation of these programs.

Is participant on a school lunch program? Yes { } No { }

If yes, you must attach a letter from your school confirming this information.

Other information

**I hereby certify the information I have submitted is true and correct.
Please consider me for a Destination Aviation scholarship
in the amount of \$ 200.00**

Parent/Guardian Signature _____ **Date** _____

Participant Signature _____ **Date** _____

<u>Office Use Only</u>	
Camp Cost	_____
Amt. Rcvd	_____
Scholarship approval	_____
Balance Due	_____