

# THE ACADEMY for STEM & SPORTS



## 2016 Drone Summer Camp Application

**APPLICATION: MUST BE COMPLETED IN FULL TO BE ELIGIBLE FOR CONSIDERATION.** Please type or print in black ink. You must also include all other required documentation listed in the enclosures.

### Student

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_  
School Name \_\_\_\_\_ Current Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_

### Camp Dates (Parents will be notified of any changes in dates occur):

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> May 30 - June 2 <input checked="" type="checkbox"/>                               | c Jun 27 - July 1 (WSU)                 |
| <input checked="" type="checkbox"/> June 6 <input checked="" type="checkbox"/> 10 <input checked="" type="checkbox"/> | c July 11 - 15 (Xenia Christian School) |
| <input checked="" type="checkbox"/> June 13 - 17 (WSU)  | c July 18 - 22 (Xenia Christian School) |
| <input type="checkbox"/> June 20 <input checked="" type="checkbox"/> 24 (WSU)   | c July 25 - 29 (TBD)                    |

### Parent/Guardian - Contact Information

#### Parent/Guardian #1

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_

#### Parent/Guardian #2

First \_\_\_\_\_ Last \_\_\_\_\_ Ms. Mrs. Mr. Other \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Home Phone \_\_\_\_\_ Daytime phone \_\_\_\_\_  
Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_  
Occupation \_\_\_\_\_ Employer \_\_\_\_\_  
Child lives with: \_\_\_\_\_

### Transportation Release

Each participant is expected to provide their own transportation. Please list those people in addition to parents/guardians who are permitted to pick up your child:

1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_

I hereby give permission for the transportation of my child for official **Academy for STEM and Sports Drone Summer Camp** activities by modes of transportation agreed to by the camp organizers and by the individuals listed above.

Parent's/Guardian's Initials \_\_\_\_\_

**Emergency Contact Information – Alternate Pickup/Release (If Parent/Guardian listed above unavailable)**

**Emergency Contact #1**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

**Emergency Contact #2**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Email \_\_\_\_\_ Relation to child \_\_\_\_\_

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials \_\_\_\_\_

I understand that The Academy for STEM and Sports will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials \_\_\_\_\_

**Medical Release Information**

Insurance Information

Policy Number \_\_\_\_\_ Name of Health Insurance \_\_\_\_\_

Provider \_\_\_\_\_

Primary Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Hospital Preference \_\_\_\_\_

**Please list any medical concerns, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).**

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No

Are there any food or environmental allergies that we need to be aware of?

\_\_\_\_\_  
\_\_\_\_\_

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes No If yes, explain: \_\_\_\_\_

Is your child allergic to any type of food or medication?

Yes No If yes, explain: \_\_\_\_\_

Does your child require a special diet?

Yes No If yes, explain: \_\_\_\_\_

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment. Is there any additional medical information that we may need to be aware of?

**Video/Photo Release** - I hereby give permission for my child to be photographed during the **2016 Drone Summer Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of The Academy for STEM and Sports Summer camp and its affiliates.

Parent's/Guardian's Initials \_\_\_\_\_

Shirt Size: M\_\_F\_\_ (circle one) Small Medium Large X-Large XX-Large

The Academy for STEM and Sports, and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

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**Students will be accepted to the camp in a first come, first serve basis - as there are limited spots available. The student will be placed on the camp roster upon submission of completed application. Applications must be either emailed to [www.information@tafss.org](mailto:www.information@tafss.org) or mailed to The Academy for STEM and Sports by May 16th for participation. Mailing address: PO Box 340091, Dayton, OH 45434.**

**PAYMENT METHOD:**  Check Enclosed (Made payable to: The Academy For STEM Sports (TAFSS))

**Mail To:** PO Box 340091, Dayton Xenia Rd, Dayton, OH 45434

**Charge To:**  Visa  MasterCard  Discover  American Express

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

I, \_\_\_\_\_, authorize TAFSS to charge the fee to the credit card listed above.

**\*If registering after May 16, TAFSS will charge the full amount due upon receipt of this registration to credit card listed above.**

#### CAMPAIGN FOR CAMPERSHIPS

TAFSS is a 501(c)3 charitable organization. 100% of your tax-deductible contribution goes directly to support our Campaign for Campers, which offers opportunities for all children to attend summer camp regardless of their ability to pay. Will you help us build a lifetime of values for campers this summer?

Yes, I/we would like to help send a child to camp.

Gift amount:  \$300  \$200  \$100  \$50  Other: \$ \_\_\_\_\_ **Thank You!**



We pride ourselves in creating a friendly environment conducive to learning. The following rules are enforced for the health, safety, and learning environment for all TAFSS participants. Please review these rules with your student and have them sign the Student Signature Page. Thank you!

## Center Guidelines

Please help us by following these guidelines:

- **Sessions and Attendance:** Drone Camp is designed to be 7 hours in length per day. A student may not extend sessions in order to make up for missed time from prior days. Please pick up students in a timely manner after their session. Call if circumstances will make you late in picking up your child. We reserve the right to impose a \$25 fee for every 30 minutes you are late after we close.
- **Courtesy to Peers:** Please be respectful of other students. Poor treatment of others will not be tolerated. Disruptive behavior makes it difficult for other students to work. We reserve the right to ask your child to leave the center and will call a guarding for pick-up should disruptive behavior continue after repeated warnings. Repeated offenders will be dismissed from the camp with no reimbursement of fees.
- **TAFSS Materials:** The Camp, will emphasize on the participants development. This means that a significant amount of time will be spent using our tools, techniques, and materials to help students develop the skills necessary for classroom success.
- **Cell Phones/Electronic Device Policy:** In order for each student to get the best development from our camp, we ask that students do not use their cell phones or any other electronic devices during their training. Students are permitted to carry their cell phones, but they should not have them out unless contacting their parents or guardian.
- **Student Pick-Up Policy:** We are asking for your cooperation in escorting your child to and from the Center for safety reasons and so that we can shut down on time. Students must be picked up by a designated parent/guardian immediately upon completion of their session. Students will not be excused from the center alone for any reason unless we receive a parent's signature. Our goal is to ensure student safety, but also a smooth class flow and to eliminate overcrowding in both the classroom and parking area.

### Please:

- No throwing of objects.
- For safety's sake keep the chair legs on the floor—no leaning back.
- Keep talking a low volume and minimize conversations with other students.

After each session, please clean up your surrounding area, including floor and table

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Child/Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Enrollment Fee Schedule (effective 1/1/2016)

### Rate

Hourly Rate \$7.57

1 Days/ 7hrs (Total) \$52.99

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5 Days/ 35hrs \$264.95/wk

**Drone camp includes:**  
Flight Simulation training  
Drone Flying  
Safety  
FAA Regulations  
Drone Technology  
Operational Training  
...and more!



### Notes:

Late Pickup fee (per 30 min) \$25

Discount 10% off per week for each sibling.