



NATIONAL SOARING MUSEUM EILEEN COLLINS AEROSPACE CAMP – 2016

CAMPER INFORMATION

Camper's Name: _____

Birth Date: _____ Gender: _____

Parent(s) or Guardian(s) Name(s): _____

Home Telephone: _____

Daytime Telephone (if different): _____

Emergency Contact Person: _____

Emergency Contact Telephone: _____

Parent(s)/Guardian(s) Email Address: _____

How did you hear about ECAC? _____

MEDICAL REQUIREMENTS

All summer camps in New York State are required to keep current medical history reports on file for all campers. A copy of a physical (current within the past year), immunization record and details of disabilities, allergies, and special dietary needs must be kept on file for each camper during camp. Also, instructions for any medication(s) your child may take during the camp must be on file.

If it is necessary for your child to receive medication (this applies to all medicine, creams, ointments, drops, cough drops, etc.) during camp hours, the following New York State Laws apply:

1. We CANNOT dispense or apply ANY medication without a physician's written order.
2. A physician and parent/guardian must sign permission form (available in school health office and/or physician's office).
3. Deliver medication to Aviation Camp Leader in the properly labeled drug store container.
4. NYS law requires us to have your child's appropriate and updated medical records on file.



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ALLERGIES and/or DIETARY NEEDS

List any allergies: _____

List any dietary needs: _____

EMERGENCY INFORMATION

Family Physician: _____

Physician Telephone: _____

Allergies: _____

Condition that may require special care: _____

Health Insurance Company (name, address, telephone): _____

I/We authorize the National Soaring Museum to act as a temporary guardian to obtain emergency medical or surgical care for my child: _____

I/We grant permission to the hospital, hospital doctor, family physician, or whomever he/she may designate to care for this patient.

I/We also agree to hold the National Soaring Museum, all participants and sponsors harmless for all personal injury which might result from participation in any part of this program.

Signed (Parent) _____ Date: _____

Signed (Parent/Guardian) _____ Date: _____



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MISCELLANEOUS INFORMATION

ADULT T-Shirt Size: _____

Permission for my child to be photographed or recorded for publications or presentations created by the National Soaring Museum:

Yes, permission granted No, permission denied

Permission for my child to be photographed, recorded, or interviewed by the media:

Yes, permission granted No, permission denied

Permission for my child's picture to appear on the National Soaring Museum's website or Facebook page

Yes, permission granted No, permission denied

PARENT or GUARDIAN PERMISSION

1. I/We give my/our daughter/son permission to participate in all Eileen Collins Aerospace Camp activities including flight experiences.
2. I/We will attend a camp information meeting.
3. He/she will participate in all five days of camp.
4. I will provide transportation for him/her to and from the camp
5. Check or money order for the camp fee is enclosed with this application.
6. I wish my child to be considered for scholarship assistance.

(Please, make checks payable to: National Soaring Museum)

Signed: _____ Date: _____
(Parent or Guardian)



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APPLICATION DEADLINE

Return all application forms by **July 5, 2015** to:
Enrollment fee of \$400.00 must accompany application unless applying for scholarship.

National Soaring Museum
51 Soaring Hill Drive
Elmira, NY 14903-9204



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SCHOLARSHIP APPLICATION

Please, ask for help from your parent(s) or guardian(s) to answer these questions. Scholarships are available for \$200 and \$400 dollars.

SECTION A: ABOUT YOU

1. Tell us a little about yourself: _____

2. What school do you attend? _____

Current Grade: _____ Science Teacher's name: _____

3. What are your grades like? Please, provide grade point average if possible:

4. Have you been, or are you, involved in aviation? _____

5. What is the extent of your community activities? _____

6. This camp is career-oriented. Do any of your plans for the future include math, science, technology, or engineering?



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Please, ask your parent(s) or guardian(s) to answer these questions.

SECTION B: ABOUT FINANCES

___ I/We wish to be considered for scholarship assistance.

1. What was your family's total taxable income for the last calendar year?

\$ _____

2. What was the total amount of government (federal, state, or local) support your family received for the last calendar year?

\$ _____ *

** This figure is to include any assistance from government programs, including (but not limited to) public assistance, Medicare, Medicaid, Social Security, disability, and Welfare.*

3. Please, describe extent of scholarship assistance required to allow your child to attend the Eileen Collins Aerospace Camp:

Amount parent(s) or guardian(s) provide: \$

Amount of assistance requested: \$

(Please, make checks payable to: National Soaring Museum)

4. How many people currently reside in your household? _____

Additional comments: _____

The confidential information provided above is accurate and complete to the best of my knowledge.

Signed: _____ Date: _____
(Parent or Guardian)

Signed: _____ Date: _____
(Applicant)



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Note: Thank you for your time and efforts in answering these questions. All responses are kept strictly confidential. You will be contacted as soon as we review all applications.