

**Parent Handbook  
Florida Air Museum  
Summer Camps**



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

**Description:** Florida Air Museum summer camps are aviation themed similar age programs designed to educate and entertain 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, Florida Air Museum, Buehler classroom annex, the Cessna Education building and acres of green grass and trees. The TDEC 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 Hours:** Destination Aviation Summer Camps begin at 9:00 – 4:00 p.m. but will vary during flight 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 lock 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, Florida Air Museum 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.

**Day Camps & Residential Camps run concurrently:** Residential campers will receive additional evening programs to entertain, educate and enhance the day camp experience.

**Residential Camper Pickup:** Residential campers may be picked up and returned to Tampa International Airport. Explicit arrangements must be made with Florida Air Museum Education Director to ensure the safety of the camper. Cell phones are encouraged for campers traveling alone.

**Security:** Residential campers are supervised 24 hours a day and are given a trunk with a lock to keep their clothing and personal items. Please provide them with a long distance phone card if they are to use Davis Center phones. E-mail is also available and encouraged.

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

**Emergency Contact:**

Florida Air Museum	(9 a.m. to 5 p.m.)	863-644-2431
Davis Education Ctr.		863-904-4073
John Iskra		863-712-4073 (cell)
Education Director: E-mail <a href="mailto:JIskra@FloridaAirMuseum.org">JIskra@FloridaAirMuseum.org</a>		

## DESTINATION AVIATION RESIDENTIAL CAMPS

### ITEMS TO BRING

- Light clothing: Underwear, shorts and T's
- Tennis shoes or equivalent required
- Sleeping bag: light weight
- Pillow with case
- Towel & washcloth
- Soap & Personal items
  - Deodorant
  - Tooth brush
  - Tooth paste
  - Sun block
  - Mosquito repellent
- Phone card or cell phone
- Spending money (limited opportunity to purchase items)

### OPTIONAL ITEMS

- Inexpensive camera
- Sandals
- Walkman or similar with earphones

### DO NOT BRING

- Computers
- 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 most 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: [Educate@sun-n-fun.org](mailto:Educate@sun-n-fun.org)
- Direct phone line: 863-904-4073 (24 hour during camps)
- Camp Director: 863-712-4073 (cell)
- FAX: 863-904-4049

*Retain these three pages. Mail completed registration forms only to the Florida Air Museum. Scholarship form not required unless applying for aid. Keep copies for your records.*



**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)** \_\_\_\_\_

**Initial the following:**

1. I give permission for my child to be photographed during the summer day camp program and Florida Air Museum, Inc. has my permission to use the photograph in any publicity related to Florida Air Museum, Inc. events.

Yes \_\_\_\_\_ No \_\_\_\_\_

2. 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 \_\_\_\_\_

3. 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 \_\_\_\_\_

4. 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>
_____	_____
_____	_____
_____	_____
_____	_____

5. 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 Asthma	Yes	No	Allergies (If yes, to what?):				
With:	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 \_\_\_\_\_

\_\_\_\_\_  
 Initial Medication Administration: Florida Air Museum. has a NO MEDICATION Administration Policy. 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.

\_\_\_\_\_  
 Initial If child has suffered a serious accident or illness within the past twelve months or is subject 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.

\_\_\_\_\_  
 Initial In the event my child suffers any illness or accident requiring emergency treatment while involved 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

# WAIVER, RELEASE, DISCHARGE, AND AGREEMENT TO HOLD HARMLESS

(Page 1 of 2)

In consideration for Florida Air Museum, Inc., a Florida corporation not for profit accepting my minor child as a passenger or participant for any trip, flight, or any other activity under Florida Air Museum, Inc.'s control,

I, \_\_\_\_\_, the undersigned ("Releasor") the parent/legal guardian of \_\_\_\_\_, the minor child, ("the Minor") whose address is \_\_\_\_\_

**DO HEREBY WAIVE, RELEASE, DISCHARGE, AND AGREE TO HOLD HARMLESS** any Releasee (which shall be defined for the purposes of this document as Florida Air Museum, Inc, a Florida not for profit corporation, Sun 'n Fun Fly-In, Inc., a Florida corporation not for profit, and the City of Lakeland, Florida, and any of their respective officers, directors, agents, contractors, employees, or volunteers) for and from any and all liability to the undersigned Releasor (or to his or her personal representatives, assigns, heirs, and next of kin) and/or for and from any and all liability to the Minor (or to his or her personal representatives, assigns, heirs, and next of kin), for any loss or damage which may result from any injury to the person or to the property of Releasor or for the death of Releasor and/or for any loss or damage which may result from any injury to the person or to the property of the Minor, or for the death of the Minor, whether any such loss or damage or injury or death is caused by the negligence of any Releasee or by any other person, occurring before, during, or after any trip, flight, summer day camp, or any other activity under Florida Air Museum, Inc.'s control. In the event that the Minor is a passenger or participant in any trip, flight, or other activity under Florida Air Museum, Inc.'s control, I, the parent/legal guardian of the Minor, do hereby execute this document on behalf of the minor child. The provisions of this document shall survive any trip, flight, or other activity under Florida Air Museum, Inc.'s control and any expiration, cancellation, or termination of this Document.

No representations or inducements apart from the above terms were made to the undersigned or to the Minor, and the **RELEASOR HAS CAREFULLY READ AND IS VOLUNTARILY SIGNING THIS WAIVER, RELEASE, DISCHARGE, AND AGREEMENT TO HOLD HARMLESS ON BEHALF OF HIMSELF OR HERSELF AND THE MINOR.**

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 2011

\_\_\_\_\_  
Parent/Legal Guardian Print Name

\_\_\_\_\_  
Parent / Legal Guardian Signature

## PHOTO RELEASE

I understand that Florida Air Museum, Inc. takes photographs of activities conducted under the auspices of the Florida Air Museum, 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 Florida Air Museum, Inc. programs and give and grant my consent to such photography and release of such photographs.

Parent/Legal Guardian Signature \_\_\_\_\_



**WAIVER, RELEASE, DISCHARGE, AND AGREEMENT TO  
HOLD HARMLESS**

(page 2 of 2)

**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 **FLORIDA AIR MUSEUM, INC OR SUN 'N FUN FLY-IN, INC.** USES 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 **FLORIDA AIR MUSEUM, INC OR SUN 'N FUN FLY-IN, INC.** 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 **FLORIDA AIR MUSEUM, INC OR SUN 'N FUN FLY-IN, INC.** HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I have read this notice and the attached Hold Harmless agreement and agree to the terms of both.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

**Florida Air Museum Summer Camp Scholarship Application**

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 Florida Air Museum scholarship**

**in the amount of \$ \_\_\_\_\_**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Office Use Only

Camp Cost \_\_\_\_\_

Amt. Rcvd \_\_\_\_\_

Scholarship approval \_\_\_\_\_

Balance Due \_\_\_\_\_

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