

**Parent Handbook
Florida Air Museum
STEM Camps**



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

Description: Florida Air Museum STEM-tastic (Science, Technology, Engineering, Math) camps are STEM based designed to educate and entertain with a counselor/student ratio of 1:15. Our camps have specialized indoor and outdoor activities. Camp facilities include the Tom Davis Education Center, Florida Air Museum, Hospitality room, Buehler classroom annex, the Pavilion and acres of green grass and trees.

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: STEM camp hours are 10:00 – 3:00 p.m. except Friday which includes a parent program starting at 2:00 p.m.

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 STEM 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 STEM 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 STEM 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. 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: Camp participants must bring a lunch with drink everyday. Lunches can be in a small lunch box cooler or bag. We have refrigeration available. Please do not bring any food that requires microwave.

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 counselors and are of ages 16 years and older. All staff receives training.

<u>Emergency Contact:</u>	Florida Air Museum (9 a.m. to 5 p.m.)	863-644-2431
	Davis Education Ctr.	863-904-4073
	John Iskra	Cell 863-712-4073
	E-mail	Educate@Sun-n-Fun.org

Retain these two 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
Stem 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 Stem 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 Stem 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>
_____	_____
_____	_____
_____	_____
_____	_____

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

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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**

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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 STEM 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** _____

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

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