



Lockheed Martin Aviation Camp Program 2017 Enrollment Form (page 1 of 2)

Date ____/____/____

Please check dates Week I, June 12 – 16 Week II, June 19 – 23
Level I Level II Level III Level I Level II Level III

Applying for Scholarship (Family must qualify for free or reduced lunch at his/her home school).

I. Camper Data

Camper's Name: _____
(Last) (First) (Middle Initial)

Address: _____
(Number & Street) (Apt. #)

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Age: _____ Gender: Female Male

Camper's Date of Birth: ____/____/____

Camper's Social Security Number (last four digits required by Lockheed Martin security for field trip): _____

Ethnicity: African American Hispanic Native American Caucasian
 Asian Pacific Islander Other (Specify) _____

II. Auxiliary Data

Grade (next year): ____ School District: _____ School Name: _____

Has the camper participated in the Lockheed Martin Aviation Camp at Fernbank previously? No Yes

III. Special Conditions: Please list

- 1. any known health problems (such as allergies, diabetes, heart trouble, epilepsy or asthma, etc...)
- 2. any invisible disabilities, such as dyslexia, or any special learning needs
- 3. any physical activity restrictions
- 4. any food restrictions
- 5. any religious restrictions impacting emergencies or health care situations
- 6. any other special accommodations needed
- 7. any medications which must be administered

IV. In Case of Emergency (please choose one and sign)

Consent **is granted** to the staff of Fernbank Science Center to provide medical services through the appropriate medical facilities and/or medical services to

(Student Name): _____, throughout my child's participation in the Aviation Camp.

(Signature of Parent or Guardian)

(Date)

Lockheed Martin Aviation Camp Program Enrollment Form (page 2 of 2)

OR Consent **is not granted** to the staff of Fernbank Science Center to provide medical services through the appropriate medical facilities and/or medical services to

(Student Name): _____, throughout my child's participation in the Aviation Camp.

(Signature of Parent or Guardian)

(Date)

Emergency contact (*other than parent*): _____
(Last) (First) (Relationship to Student)
Home Telephone: _____ Daytime or Cell Phone: _____

VI. Parent/Guardian Information:

Parent/Guardian Name(s): _____
(Last) (First) (Middle Initial)

Daytime Phone: _____ E-mail: _____

Cellular Phone: _____ (Mom, Dad)

I, _____ (Parent/Guardian) do hereby release and discharge Lockheed Martin Corporation, Fernbank Science Center, the DeKalb County School System, its board members, administrators and agents from any and all claims, present and future, known and unknown, due to, or arising from, in any manner of my daughter's/son's participation in the program and/or related activities sponsored by the Aviation Camp. I have read, or someone from Fernbank Science Center has read and explained the information contained on this form to me. I willingly agree, and give my consent to let Fernbank Science Center enter data about my child and me into its computer information system. I also give my permission for my child to be photographed, and allow Fernbank Science Center and Lockheed Martin Corporation to release any and all pictures for publicity purposes.

Parent/Guardian: _____
(Please Print) (Signature) (Date)

Camper T-shirt size: Youth M Youth L Adult M Adult L

Please check survey box →

Camper and family members will attend closing ceremonies on Friday at 3:00 p.m. (June 16 or 23, 2017)

VIII. Payment and application process:

Applications must be received by May 15, 2017, including payment of \$300 per camper.

Make check payable to Fernbank Science Center and write name of camper and session dates on check.

Credit cards are acceptable (Visa/MC/AMX, no debit cards). Credit card information must be on a separate sheet: include name of camper, name on card, card number, card expiration date, and card billing zip code.

Applications may be faxed, with credit card information on a separate sheet, to 678-874-7110.

Aviation Camp
Fernbank Science Center
156 Heaton Park Drive, N.E.
Atlanta, GA 30307-1398

678-874-7113 (scheduler)
678-874-7110 (fax)
fernbank@fernbank.edu
<http://fsc.fernbank.edu>