Registration for SCIVIS will take some time but if you follow the checklist and instructions below it will hopefully make the task easier.

I know it is hard “getting it all together” but please make sure you have everything done before you send things to me. I would suggest if you are bringing a group move your forms deadline to May before the year of the camp and your summer will be more enjoyable.

Deadlines are set so I can get as much information to Space Camp as soon as possible. They have much preparation to do for our group and it is vital to get the number of students per program and the special needs to the staff. I understand that not everyone can get things to me before the deadline. Programs are filled on a first-come, first serve basis. So, the only risk you take is not getting the program you want. Complete packets (all forms and money) constitute a reservation.

E-mail (lschwart@sd23.bc.ca) is the best method of contact. Please list your province with your inquiry as contacts are organized in this manner. Calling weekends and evenings at home is fine (250-707-0856) but I travel a lot with my job. Also, please use my cell number (250-718-5575).

The Registration Process:

1. **Pre-registration** – contact Lynn Schwartz and pre-register your child/student(s) with the pre-registration form included in this packet. Pre-registration is not a commitment and the student’s registration can be cancelled. This can be mailed or emailed at any time.

2. Read carefully all of the “Guidelines and Policies” and keep this page for your records. **Do not send this form as part of your packet!** Also read the FAQ section of the website, http://www.tsbvi.edu/space/

3. Money payment is appreciated in one US money order per student. US money orders to be made payable to “Space Camp for the Blind”.

The Forms:

1. **Guidelines and Policies & Packing List** - **Do not send this as part of your packet!** KEEP THESE!!

2. **Photo/Video Release Form/Transportation & Parent Safety Form** – fill in all blank spaces paying particular attention to the NAME, GRADE (2008-2009), Bunk preference, and Program. If the “Bunk Preference” is not filled in the child will receive a top bunk. The “no preference” selection is greatly appreciated as “down” bunks are in short supply. How will you arrive? Group or individual?

3. **Official Payment Form** – used for team or individuals. Payment or pre-arranged form of payment must be included with this form.

4. **Student Information** – please take time to fill this form out with as much thought and realistic information as possible. This form is given to the child/student’s counselor at Space Camp and then team positions are based on this information. The form is essential to a quality experience for your child or student. Duplicate forms by teacher, parents, etc. are welcomed.

5. **Trainee Health Form** – Without this form your child/student will not be able to participate at Space Camp. **DO NOT SUBSTITUTE** any other kind of physical form! **This form must be signed by a physician or nurse practitioner.** There is 1 parent signature and 1 doctor signature. Fill in all of the information of the “Eye Information” section. The form is crucial in determining the special needs for each camper.

6. **Leadership Reaction Course - Medical Evaluation Approval & Participant Information and Release of Liability** – these forms are for the MACH 3 Aviation Challenge Program and Advanced Academy Program ONLY!!!!!!!!!!!!!!!

If your child/student uses a cane, telescope, or magnifier – **BRING IT!**

A complete packet is all of the above forms (#1-5) and payment or a pre-arranged form of payment received by Lynn Schwartz.
SCIVIS Guidelines & Policies

For Space Camp & Aviation Challenge Programs

Do not send this form as part of your packet!

Space Camp, Academy, Advanced Academy
Sept. 20-25, 2008
MACH I, II, III Aviation Challenge
Sept. 20-25, 2008
Graduation will be Thurs. 9/25 around 7:00 PM & parents are welcome. All students will leave on Friday (9/26) pending flight schedules.

Space Available for 2008

<table>
<thead>
<tr>
<th>Program</th>
<th>Spaces Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Space Camp (Grades 4-6)</td>
<td>36</td>
</tr>
<tr>
<td>Space Academy (Grades 7-12)</td>
<td>96</td>
</tr>
<tr>
<td>Advanced Academy (Grades 10-12)</td>
<td>36*</td>
</tr>
<tr>
<td>MACH I, Aviation Challenge (Grades 4-6)</td>
<td>24**</td>
</tr>
<tr>
<td>MACH II, Aviation Challenge (Grades 7-12)</td>
<td>24**</td>
</tr>
<tr>
<td>MACH III, Aviation Challenge (Grades 7-12)</td>
<td>24**</td>
</tr>
</tbody>
</table>

* Can attend Adv. Academy or MACH 3 in the 9th Grade if they have previously attended Space Academy on MACH 2.
** We need a minimum of 12 campers for Aviation Challenge pre-registration, if not, that program will not be held for the week but campers may transfer to other programs.

Registration Guideline

- Friday June 20th, 2008 is the deadline for all money, applications, health and transportation forms. If paperwork is early it is much appreciated. **One US money order for total amount is appreciated made payable to “Space Camp for the Blind”**
- Anyone not having his or her registration US money order to Lynn Schwartz by deadlines takes the chance of having their reservation cancelled or not getting the program of their choice.

Additional Information:

1. Lynn Schwartz will handle all registration, which includes, medical forms, application, transportation, and US money orders, etc.
2. All US money orders will be made out to the Space Camp for the Blind. The money will be deposited and forwarded to Space Camp in one check with all applications and forms. Checks made out to any other name will be promptly returned. Once monies are sent to Space Camp, refunds become difficult to obtain and this falls under the refund policies of Space Camp.

POLICY – CANCELLED RESERVATIONS ARE SUBJECT TO A 10% CANCELLATION FEE!!!!!!!!!

3. Prices listed reflect a group discount to each and every camper that attends Space Camp in our group. This will be for the school groups, individual students from public school, siblings, or friends.
4. The medical examination needed for Space Camp can be done within one year of the arrival date to Space Camp. Please use the attached medical form. **Do not send school or sports physicals!!!!!!**
5. Please make sure each one of the students sent to Space Camp is appropriate for this setting. The schedule is demanding, the independent skills are many, and the social skills are very important.
6. **Policy** - Space Camp children must be enrolled in 4th grade and also have had his or her 10th birthday.
7. Our reservation is not complete until a complete packet has been received with all required information.
8. Campers are encouraged to bring any assistive devices, i.e. telescope, walker, cane, magnifier, etc.
9. Please bring a lock, as all valuables will be locked in the camper’s private locker. Key locks are preferable and bolt cutters are available in emergencies if campers lose their key.

CONTACT INFORMATION: Lynn Schwartz, Canadian Coordinator, SCIVIS
Office 250-768-5121, FAX: (250) 870-5080, HOME: (250) 707-0856
CELL: (250) 718-5575,
Best method of contact - E-MAIL: lschwart@sd23.bc.ca

If your child is attending Space Camp, here are emergency numbers where you can get information to your child or your child’s chaperone:
Camper Services - (256) 721-7185
Sick Bay - (256) 721-7162
24 Hour Operator (256) 837-3400

All materials mailed to Lynn Schwartz #308-2120 Shannon Ridge Drive, Westbank, BC V4T 2Z3
PACKING LIST

For Space Camp & Aviation Challenge Programs

Do not send this form as part of your packet!

Check The Weather Channel before packing clothing for SCI-VIS week at Space Camp. Bed sheets/blankets, pillow/pillowcase are provided. Towels are not provided!!!!!

___ personal items (toothbrush, toothpaste, comb, shampoo, towel, soap, towel, etc.)
___ towel and washcloth
___ clothes for 6 days (5 at space camp + extras - just in case)
___ swim suit (goggles if needed for eye protection)
___ beach towel for water activities
___ jacket (for fall weather)
___ sleepwear
___ necessary medications for a week (see Health Form for more information)
___ low vision devices (if needed)
___ personal technology (slate and stylus, Braille n' Speak, felt tip pen, etc.)
___ travel canes (if needed) - All students using canes must bring their cane and use it while attending camp. The travel demands required of students attending Space Camp involve negotiation of a variety of environments. They must negotiate the airport, travel within the very large Space Camp campus as well as the dorm facility, and remain oriented on occasional community excursions. While campers typically travel as a group with counselors, chaperones, and other students (sighted guides) present, each camper is encouraged to be as independent as possible in these settings. Although every effort is made to provide a safe and barrier free environment, normal environmental hazards such as steps, stairs, poles, and obstacles exist in all of these locations. If your child uses a cane for any kind of travel, they will be required to travel with their cane at all times while attending Space Camp. This will ensure their safety as well as increase their independent experiences.
___ comfortable shoes (i.e. tennis shoes)
___ sunscreen (minimum 30SPF)
___ label everything with camper's first and last name.
___ combination or key padlock
___ pair of old tennis shoes for Aviation Challenge participants

Please do not bring portable music players, hand-held computer games, skateboards, roller blades, or other expensive items.

All students flying need to know the color of their suitcase or some distinctive marking on it. Parents and teachers make sure of that. Remember to check airlines concerning carry-on baggage.

If your child/student uses any portable notetaking device, i.e. Braille Note or others please bring them along but understand the trainee will be responsible for its care and security.
Parent Safety Form
For Trainees at SPACE CAMP/AVIATION CHALLENGE

Required for ALL trainees. Please return this form along with all other required forms to Lynn Schwartz #308-2120 Shannon Ridge Drive, Westbank, BC V4T 2Z3 – scanned forms to lschwart@sd23.bc.ca - FAX to (250)870-5080.

At Space Camp/Aviation Challenge, the health and safety of our trainees is our most important concern. For this reason, we require that you complete the form below and carefully read the information that follows. This procedure helps ensure the safety of all trainees.

Please provide us with the following information about who will be picking up your trainee after graduation or the name of the chaperone accompanying your child. Parents who pick up their child must have provide photo identification and will be required to sign for the trainee they are picking up. For the trainee’s safety, there will be no exceptions. **All changes must be made in writing to Lynn Schwartz prior to or during the program.**

**TRAINEE INFORMATION**
Trainee Name: ________________________________________  Program: _________________________________________

Bunk Preference*:  ☐ Top Bunk  ☐ Bottom Bunk  ☐ No Preference
* Room bunks are arranged in 5 bunks up and 2 bunks down arrangement. Please designate your child’s preference.

**PARENT/GUARDIAN INFORMATION**
Name(s) of Custodial Parent(s) or Guardian(s)*:
Name: ________________________________________________
Name: _______________________________________
Home Phone: __________________________________________  Work Phone: __________________________________
Cell Phone: ____________________________________________  Alternate Phone: _______________________________
Email: ________________________________________________

Note: Camper information will be released **ONLY** to the registering parent/guardian.

**EMERGENCY CONTACT** (Please designate one contact other than a parent/guardian)
Name: ____________________________________________  Phone: _________________________________________

**TRAINEE RELEASE AUTHORIZATION**
Please provide the name of the chaperone(s) and telephone(s) number that will be responsible or traveling with your child.
Name: ____________________________________________  Phone: _________________________________________
Name: ____________________________________________  Phone: _________________________________________
Name: ____________________________________________  Phone: _________________________________________

☐ My child will not be accompanied by a chaperone

Parent/Guardian Signature ___________________________  DATE ___________

X
**Photo/Video/Film Release**

Note: The U. S. SPACE CAMP and AVIATION CHALLENGE facility in Alabama is occasionally visited by news media, video/film crews, or photographers hired by U. S. SPACE CAMP for the purpose of taking promotional or publicity photographs, video or film. Visiting group chaperones and guest also take photographs, video or film. There is a possibility that students and adults attending programs will be photographed.

- [ ] I give my consent to authorize the Alabama Space Science Exhibit Commission and the U. S. SPACE CAMP Foundation or any entity or person authorized or designated by it the use and reproduction of any and all photographs, video or film taken of the person named below during program training activities and related activities. I understand there will be no compensation to me. All negatives and positives, together with said prints, video or film are the property of the U. S. Space & Rocket Center or the entity or person authorized or designated by it, solely and completely. I also waive any right to inspect or approve any photo, video or film taken during my visit. I affirmatively release and discharge the Alabama Space Science Exhibit Commission and/or the U. S. Space Camp Foundation from responsibility for any distortion or manipulation, whether intentional or otherwise, of photos, video or film taken of me during my visit.
- [x] I do not give my consent.

**Signature of person attending program**

**Parent/Guardian signature**

Parent/Guardian must sign only if the above person is under 18 yrs. old

---

**Transportation Form**

Your registration is not complete without this form! Please complete and return this form as soon as you have finalized your travel arrangements. If you need transportation from the airport to Space Camp then you will **NOT** be picked up without this form returned.

- **Trainee:**
- **Program:**
- **Address (city, state, country, postal code):**
- **Home phone:**
- **Email:**

Do you need ground transportation? Please check here: **YES** [x] **NO** [ ]

If you require ANY ground transportation assistance, complete this section. ALL sections below must be completed to ensure your ground transportation is scheduled to and/or from camp.

### ARRIVAL INFORMATION

Complete below ONLY if you need ground transportation to camp.

- **Check method of arrival:**
  - [ ] Auto
  - [ ] Bus
  - [ ] Commercial Airline
  - [ ] Private Plane

- **Day of Week** / **Date** / **Time**

- **Airline Name:**
- **Flight Number:**

- **Book Flight into Huntsville Int’l Airport (HSV)**

### DEPARTURE INFORMATION

Complete below ONLY if you need ground transportation to camp.

- **Check method of arrival:**
  - [ ] Auto
  - [ ] Bus
  - [ ] Commercial Airline
  - [ ] Private Plane

- **Day of Week** / **Date** / **Time**

- **Airline Name:**
- **Flight Number:**

- **Schedule departure from Huntsville Int’l Airport (HSV)**

---

**Private Planes:** Individuals planning to arrive via private aircraft may use Signature Flight Support located at the Huntsville International Airport (256) 772-9341.

If children are traveling without chaperones most airlines provide an “unaccompanied minor” service for additional costs. At the same time most airlines provide services for free to persons with disabilities over the age of 16. Check with individual airlines for their policies.

Space Camp will meet **ALL** children at the Huntsville Airport at the gate as they leave the plane. It is impossible to know the exact individual who will be meeting your child until the day of their arrival. Contact Dan Oates if more information is needed.

Mail all materials to: Lynn Schwartz, #308-2120 Shannon Ridge Drive, Westbank, BC V4T 2Z3 – scanned forms to lschwartz@sd23.bc.ca - FAX to (250) 870-5080.
OFFICIAL PAYMENT FORM
For Space Camp & Aviation Challenge Programs

NAME: ____________________________________________________________

ADDRESS: ________________________________________________________

CITY: ___________________________ STATE: ____________ COUNTRY:_________ ZIP: _______

PROGRAM ENROLLMENT
Please mark program(s) and number attending:

_____ Space Camp (Grades 4-6) $675.00
_____ Space Academy Level 1 (Grades 7-12) $675.00
_____ Advanced Academy (Grades 7-12) $725.00
_____ MACH I, Primary Aviation Challenge (Grades 4-6) $675.00
_____ MACH II, Basic Aviation Challenge (Grades 7-12) $675.00
_____ MACH III, Advanced Aviation Challenge (Grades 10-12) $725.00

Less Scholarship Amount (if awarded) or other deduction ( - )

TOTAL TUITION $ __________________

EARLY ARRIVAL/LATE DEPARTURE
Group rate for an early arrival or late departure is $45/day/student. Use the line below to calculate payment for early
arrival/late departure. My son/daughter will be arriving _____ day(s) early and leaving ______ day(s) late. The total
number of days is _____ X $45/day = $ _______.

Early arrival would be staying the night of Fri., Sept. 19
Late departure would be staying the night of Fri., Sept. 26

TOTAL EARLY ARRIVAL/LATE DEPARTURE $ __________________

TRANSPORTATION
$15 per student for the trip. This includes bus transport to and from the airport.
Chaperones do not have to pay this fee.

$ __________

TOTAL COST $ __________________

SOURCE OF PAYMENT

<table>
<thead>
<tr>
<th>Check #</th>
<th>for student name(s)</th>
<th>Person, Organization or School</th>
<th>Amount</th>
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</table>

TOTAL PAYMENT $ __________________

Check or money order payable to Space Camp for the Blind by June 20th, 2008. Mail directly to Lynn Schwartz, #308-
2120 Shannon Ridge Drive, Westbank, BC V4T 2Z3 FAX: (250) 870-5080. Credit card payments not accepted.
STUDENT INFORMATION FORM
For Space Camp & Aviation Challenge Programs

Student Name: ____________________________
Age: ___________ Grade at time of Space Camp: ___________ Reading Level: ___________

Parent: _______
Teacher: _______

Filled out by:

When assigning mission positions would your child/student be best suited for:

_____ large reading part _____ medium reading part _____ small reading part _____ non-reading part

Student has been to any camp(s) before. ____ Y ____ N

Physical conditioning/endurance: (circle one) Couch potato 1 ----- 2 ----- 3 ----- 4 ----- 5 Marathon runner
(Space Camp has long days and lots of walking)

Organizational Skills: (circle one) Completely random 1----- 2 ----- 3 ----- 4 ----- 5 Obsessive/Compulsive
(keeping up with materials, books, canes, etc)

Attention span: (circle one) Prompt junkie 1----- 2 ----- 3 ----- 4 ----- 5 Works independently

Works well in a group: (circle one) Party animal 1----- 2 ----- 3 ----- 4 ----- 5 Lone Ranger

Leadership Skills: (circle one) Follower 1----- 2 ----- 3 ----- 4 ----- 5 Leader

Preferred travel mode: (check all that apply)

___ Travels independently ___ Uses white cane ___ Uses adaptive mobility device
___ Uses sighted guide ___ Climbs stairs independently ___ Climbs stairs w/ assistance & support
___ Cannot climb stairs, even with assistance

All students using canes must bring their cane and use it while attending camp. (WE REALLY MEAN THIS!!!!!!!)
The travel demands required of students attending Space Camp involve negotiation of a variety of environments. They must negotiate the airport, travel within the very large Space Camp campus as well as the dorm facility, and remain oriented on occasional community excursions. While campers typically travel as a group with counselors, chaperones, and other students (sighted guides) present, each camper is encouraged to be as independent as possible in these settings. Although every effort is made to provide a safe and barrier free environment, normal environmental hazards such as steps, stairs, poles, and obstacles exist in all of these locations. If your child uses a cane for any kind of travel, they will be required to travel with their cane at all times while attending Space Camp. This will ensure their safety as well as increase their independent experiences.

Self-Care Skills:

Eating: _____ Needs no assistance

Dressing: _____ Needs no help

Bathing: _____ Needs no assistance

Toileting: Needs no assistance/toilets independently

Behavior: (Check all appropriate.) No Difficulty Some Difficulty Considerable Difficulty

Responds to changes in routine

Responds to being away from family

Responds to adult direction

Expresses anger in an acceptable manner

Gets along with other children

Please describe in detail any behavior issues that may arise during Space Camp, even if they do not happen all the time at home or school (e.g., what might these behaviors look like? what might cause them? what seems to help in those situations? Use back if needed):

Please list any other information that might be useful? Use back of form, if necessary.
Trainee Health Form

A physician or nurse practitioner signature is required on your health form. Trainee cannot begin the program unless all forms are completed and required signatures are provided. Required for ALL trainees. Please return this form along with all other required forms to Lynn Schwartz, #308-2120 Shannon Ridge Drive, Westbank, BC V4T 2Z3 – scanned forms to lschwart@sd23.bc.ca - FAX to (250) 870-5080.

**TRAINEE INFORMATION: (PLEASE PRINT)**

<table>
<thead>
<tr>
<th>Trainee:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Age:</td>
<td>Last Name</td>
<td>First Name</td>
</tr>
<tr>
<td>DOB:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex:</td>
<td></td>
<td></td>
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<tr>
<td>Grade (2008-09)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Parent’s Name: __________________________

Address: __________________________

City: __________________________ State: ______ Zip: ______

Day Time Phone: ( ) __________________________

Evening Phone: ( ) __________________________

Cell Phone: ( ) __________________________

Emergency Contact: _______________________________________________________

Relationship to Trainee: __________________________

Phone: ( ) __________________________

Is Trainee covered by health insurance: Yes____ No____

Please attach both sides of the insurance card or claim form.

List all medical conditions and physical or learning disabilities, and any emotional or behavioral problems other than blindness: (Attach behavioral plan.)

Medications trainee will require while at camp:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

All prescription, over-the-counter medications, vitamins, and herbal products are collected and administered by nursing staff and MUST in original containers with labels and dispensing instructions in English. Individuals requiring injections should provide medications, syringes, and written instructions signed by physician.

Drug Allergies: __________________________

Food Allergies: __________________________

Diet Restrictions: __________________________

Are immunizations up-to-date? Yes____ No____ If no, please attach an exemption form or explanation.

Date of last tetanus booster: __________________________

**PHYSICIAN’S MEDICAL STATEMENT**

A physician or a nurse practitioner signature is mandatory for all camps and trainee cannot participate in all activities without it.

I have examined __________________________ on __________________________.

Name of Trainee: __________________________

(date) ________ . The trainee is in good health and is physically and mentally able to participate in this program. The trainee does not have any injury, illness or disability that will prohibit activity.

**AUTHORIZATION FOR MEDICAL TREATMENT MUST BE SIGNED BY PARENT/GUARDIAN**

(Trainee name) __________________________ has my permission to take any over-the-counter medications (listed below) as needed with the exception of ________

while attending this program. I verify that you have my permission to take (Trainee) __________________________ to the nearest medical facility for emergency treatment and I assume responsibility for payment.

The following generic medications routinely stocked in the clinic and dispensed free of charge as needed: ibuprofen, acetaminophen, decongestant, antihistamine, cough suppressant, throat lozenges, motion sickness medication, anti-nausea, anti-diarrhea, milk of magnesia, antibiotic ointment, anti-itch cream, topical oral pain reliever.

Should your child require medical attention, you may ask us not to use or disclose any part of your protected health information for the purposes of treatment or healthcare operations. You may also request that any part of your protected health information not be disclosed to family members or friends who may be involved. Your request must state the specific restrictions requested and to whom you want the restrictions to apply. Medical-related questions may be directed to the Nursing Staff at (256) 721-7162.

**EYE INFORMATION**

Attention parents and teachers: Please take time to fill out the information below completely to assist us in planning for our Braille, large print, technology, and medical needs.

**REASON FOR VISUAL LOSS:** (include eye condition and other pertinent information. Please be specific): __________________________

**VISUAL ACUITY:** OD: ______ OS: ______ OU: ______, Reading Mode: BRL: ___ LP: ___ REG. PRINT: ___

NOTE: Please take time to fill in each blank. Responses will not exclude the child from Space Camp as a whole. Certain activities may prove contrary to their medical condition. A report by an eye physician detailing the simulators and their implications is available at our web site, http://www.tsbvi.edu/space/eye.html
This form is **not** the registration form to attend SCIVIS. The form allows you to be registered with Space Camp. That **DOES NOT** get you placed on a team, give you a place to sleep, or get you picked up at the airport, or get you meals to eat. These things happen as a result of completing and sending in your forms with your payment. I have to register all SCIVIS trainees online and this gives me the pertinent information. This form does not complete registration and names can be deleted from online registration if circumstances change with a trainee or their family.

Forms can be found at the SCIVIS website:  [http://www.tsbvi.edu/space/](http://www.tsbvi.edu/space/)

Make sure you download the appropriate forms from the website.  
*Advanced Academy* trainees need SCUBA forms and the **new** Leadership Reaction Course Forms.  *MACH 3 and Advanced Academy* students need the Leadership Reaction Course Forms. These forms are in addition to the regular registration forms.

**Pre-Registration Form**

Name:  ________________________________

Circle One:  M  F  DOB:  ______________________

Address with Postal Code:  ______________________

__________________________________________________________________________

Home Phone:  ________________________________

Work Phone:  ________________________________

Cell Phone:  ________________________________

Parent’s Name(s):  ________________________________

Email:  ________________________________

Grade @ time of Camp:  ___  Name for Name Tag:  _______

<table>
<thead>
<tr>
<th>Program (Circle one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Space Camp</td>
</tr>
<tr>
<td>MACH 1</td>
</tr>
</tbody>
</table>
LEADERSHIP REACTION COURSE (MACH 3 and Advanced Academy ONLY!!!)

MEDICAL EVALUATION APPROVAL FORM

PLEASE PRINT

NAME:____________________________________________________________________________

ADRESS:__________________________________________________________________________

CITY:__________________________________STATE/PROVINCE:_______ ZIP:____________

HOME PHONE:______________________________

PLEASE CHECK ALL THAT APPLY

___Behavioral Health Problems                 ___Respiratory Problems                    ___Physical Disabilities
___Acrophobia                                    ___Back Problems                               ___Serious Injury*[past 3 months]
___Agoraphobia                               ___Back Surgery*[past 3 months]          ___Over 40 Years Old
___Migraine Headaches                        ___Diabetes                                    ___HIV Positive
___Epilepsy*                                          ___Vertigo                                   ___Regular Medication
___Severe Hayfever                            ___Hernia*                                      ___Insect Allergies
___Heart Trouble                              ___Dizziness or Fainting                   ___Joint Injuries or Problems
___High Blood Pressure                      ___Recent Surgery*[past 3 months]          ___Hospitalized
___Angina                                                ___Pregnant*                                  ___Asthma
___Heart Surgery*[past 3 months]            ___Motion Sickness                       ___Rejected from any activity
___Any Medical Condition Not Listed:                             ___for medical reasons.

Notes:_______________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

PLEASE NOTE THE MEDICAL EVALUATION FORM PRESENTS A DECISION UNDER IMPRESSION. WE CAN
ONLY ACCEPT UNCONDITIONAL APPROVAL FOR STUDENT APPLICANTS DESIRING TO BEGIN OR CONTINUE
TRAINING. IT FALLS TO THE COURSE DIRECTOR’S DISCRETION TO CONCLUDE THAT PARTICIPATING IN
THE ROPE COURSE IS OR IS NOT IN THE INDIVIDUALS BEST INTEREST OR THAT THEIR MEDICAL
CONDITION IS LIKELY TO PRESENT A PROBABLE DIRECT THREAT TO OTHERS.

FOR COURSE DIRECTOR ONLY

IMPRESSION:

_____ APPROVAL [I find no medical conditions I consider incompatible with participating in High Ropes activities.]

_____ DISAPPROVAL [This applicant has medical conditions which, in my opinion, clearly would constitute unacceptable hazards to health and safety in participating in High Ropes activities.]
LEADERSHIP REACTION COURSE (MACH 3 only)

Participant Information Form and Release of Liability
U.S. Space & Rocket Center (USSRC), Huntsville, Alabama

To be completed by participant or parent/guardian if under 18 years of age.

Name: ___________________________ Group: _______________ Date: __________

Disclosure
The USSRC AREA 51 Leadership Reaction Course (LRC) involves a variety of activities including warm-up's, games, group initiative problems, low and high challenge course elements, and possibly other rigorous physical adventure activities. The level of participant in the AREA 51 LRC is entirely voluntary at all times. Safety measures have been designed into the program (trained staff, safety equipment and strict safety standards) to safeguard all participants against possible injury. As with any program of this type, there is a risk which must be assumed by each participant.

I have read and understand the above: (Initial here) __________

Participant Information
Certain health/medical information must be made known to the instructor(s) conducting the program so that they are prepared to respond appropriately if the need arises. This information will be held in confidence. This form must be completed and returned to your group coordinator or the USSRC prior to participating in any activities:

1. Name: ___________________________ Soc. Sec. #: ___________________________
Address: ___________________________ City: __________________ State: __________
Day Phone: ___________________________ Evening Phone: ____________________
Parent/Guardian Name: ___________________ Daytime Phone: __________________

2. Do you have health/accident insurance? (Circle one) YES NO
If yes, name of company: ______________________ Policy #: ______________________

3. Do you have any limiting physical disabilities or conditions (temporary or permanent)? YES NO
If yes, please identify and explain: ____________________________________________

4. Are you currently taking medication (prescribed or otherwise)? YES NO
If yes, please identify and explain: ____________________________________________

5. Please list any allergies, especially allergic reactions to medications: __________________________
_________________________________________________________________________
_________________________________________________________________________

Release of Liability
I understand that parts of the USSRC AREA 51 LRC may be physically and/or emotionally demanding. I affirm my health is good and that I am not under a physician's care for any undisclosed condition that
might endanger my health or that of other participants. I recognize the inherent risks of injury or disability in the USSRC AREA 51 LRC activities. I release the USSRC, its employees, representatives, and assigns from all liability for any injury to me from participation in the USSRC AREA 51 LRC program and its staff members from all liability for any injury to me from participation in this program.

I have read and understand the above: (Initial here)-

Medical Permission Agreement
I hereby give the USSRC AREA 51 LRC program staff the permission to assume responsibility for securing necessary medical care for the well being of (participant's name) ______________ as long as he/she is a participant of the program. In case of a sudden medical emergency, I give the USSRC staff permission to secure any needed medical or surgical care. I understand that the USSRC and its staff are not responsible for any medical expenses incurred.

__________________________________________
Participant's Signature (If at least 18 years old)    Date

__________________________________________
Parent or Guardian Signature (If participant is under 18 years old)  Date

FOR OFFICE USE ONLY: Participation Information Form and Release of Liability reviewed by:
Signature: ___________________________  Title: ___________________________  Date: ________________