

Airway Science for Kids

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Please complete and sign both sides

APPLICATION FOR PARTICIPANTS -- PLEASE PRINT

YOUTH - COMPLETE THIS SECTION

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Male ___ Female ___ Date of Birth: _____

Do you live with: Both parents ___ Mother ___ Father ___ Grandparent ___ Guardian ___

How many in your family (including yourself)? _____ How many sisters? _____ How many brothers? _____

Do you have brothers or sisters who are old enough to have finished high school but did not? _____

Name of your school: _____ Grade level: _____

What languages other than English are spoken in your home? _____

What are your hobbies? _____

What would you like to be? _____

What do you use computers for? _____

List other youth programs you are part of: _____

YOUR PERSONAL COMMITMENT

I want to learn more about flight, math, science, and computers by participating in the RV12 Project. I will attend all building sessions, pay attention, and work hard to succeed.

Youth signature: _____ Date: _____

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APPLICATION FOR PARENTS/GUARDIANS -- PLEASE PRINT

Father's/Guardian's name: _____ Phone: _____
Father's/Guardian's occupation: _____
Father's/Guardian's employer: _____
Mother's/Guardian's name: _____ Phone: _____
Mother's/Guardian's occupation: _____
Mother's/Guardian's employer: _____
Emergency phone other than listed: _____ Name: _____ Relation: _____
Family Doctor's Name: _____ Phone: _____
Youth's Medications: _____ Name of insurance company: _____
Preferred Hospital: _____

List any special needs the youth may have _____
How many hours is your child home alone after school? None _ less than 3 hours _ 3 or more hours _

CONFIDENTIAL INFORMATION – used to compile statistics for our funding sources.

We MUST have ALL of this information before we can consider your child's application!

Mother's education level: Less than 12: _____ High school: _____ Other (specify): _____
Father's education level: Less than 12: _____ High school: _____ Other (specify): _____
Do you receive: ___ Free or ___ reduced price school lunches? Total family income: \$ _____ per year
Youth's ethnicity: Anglo ___ African-American ___ American Indian ___ Asian/Pacific Islander ___
Hispanic: ___ Other - (specify): _____
Family reciprocity: Food stamps: ___ Veteran's Comp: ___ Social Security: ___ General Assistance: ___
Other (specify): _____

We are very committed to the confidentiality of this private information and can assure that it is always handled with security.

PARENT/GUARDIAN APPROVAL

I/We the parents/guardian of the named youth applicant, hereby give my/our consent to his/her participation in activities sponsored by *Airway Science for Kids (ASK)*. I/We assume all risks and hazards incident to such participation including transportation to and from the activity; and I/we hereby waive, release, absolve, indemnify and agree to hold harmless *ASK* and its partners, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of injury to my/our child, whether the result of negligence or any other cause.

I/We further authorize the above-named for pictures and video which may be used in *ASK* publicity. *ASK* is authorized to secure from my child's schools, and use, my/our child's grades and attendance records before, during, and after participation in the program. I/We understand this information will be held confidential.

ASK and its partners do not sanction or approve of project volunteers participating with youth outside the control of project managers. I/We commit to obtaining a good understanding of the program goals and objectives and will assist in keeping my child motivated and involved. This includes timeliness, neatness, and assisting where possible to help the child in any outside work for the program.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____