



Florida Community College at Jacksonville
 Aviation Center of Excellence
 Cecil Commerce Center
 13450 Lake Fretwell Street
 Jacksonville, FL 32221

AVIATION MATH & SCIENCE SUMMER CAMP 2008 APPLICATION

STUDENT NAME: _____

SCHOOL: _____ AGE: _____ GRADE: _____ SEX: M ___ F ___

AVIATION EXPERIENCE: _____

ADDRESS: _____
CITY STATE ZIP

PARENT/LEGAL GUARDIAN NAME: _____

HOME PHONE: _____ WORK PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

EMAIL ADDRESS: _____

HOW DID YOU HEAR ABOUT THE SUMMER CAMP? _____

COST PER STUDENT PER CAMP IS \$325
EACH CAMP OPERATES 8:00AM TO 4:00PM MONDAY - FRIDAY
PLEASE SELECT THE SESSION(S) YOU WISH TO ATTEND

Mach 1	Mach 2	Mach 3	Space Camp	Advanced Space
<input type="radio"/> June 9 – June 20	<input type="radio"/> June 9 – June 20	<input type="radio"/> July 7 – July 18	<input type="radio"/> June 9 – June 20	<input type="radio"/> June 23 – July 3
<input type="radio"/> June 23 – July 3	<input type="radio"/> June 23 – July 3		<input type="radio"/> July 7 – July 18	<input type="radio"/> July 21 – Aug 1
<input type="radio"/> July 7 – July 18	<input type="radio"/> July 7 – July 18			
<input type="radio"/> July 21 – Aug. 1	<input type="radio"/> July 21 – Aug. 1			

RELEASE INFORMATION

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK: The undersigned acknowledges that the activity may involve risks and the undersigned assumes the risk of any and all bodily injury and all property loss or damage arising in any way from said activity. The undersigned agrees that FCCJ is not in any way a guarantor of safety in connection with the activity.

RELEASE: The undersigned agrees to release indemnify and hold FCCJ harmless from any such suits, actions, or claims which may be asserted except those claims wherein FCCJ is determined to be at fault through its wrongful act(s) or omissions(s).

INSURANCE: The undersigned is not relying upon FCCJ for any manner of insurance for protection in connection with this activity. The undersigned shall be responsible for providing all insurance to be relied upon for protection in connection with this activity and the undersigned shall not hold FCCJ responsible for providing any insurance coverage.

PHOTOGRAPHY RELEASE: I hereby give my consent to all written materials, photographs, audio and/or video recordings taken of me or my child during the activity. I understand that any such photographs, audio, video recordings or their derivatives will become the property of FCCJ and may be used by the college or others with their consent for educational, instructional or promotional purposes determined by the college in formats now existing or in the future created.

 SIGNATURE OF PARENT/LEGAL GUARDIAN

 DATE

Please mail completed application/release form with payment made payable to: FCCJ
 ATTN: Summer Camp
 13450 Lake Fretwell Street
 Jacksonville, FL 32221

If you need additional information please contact us at (904) 317-3818 or e-mail acesummercamp@fccj.edu