

**Parent Handbook
Florida Air Museum
Summer Camps**



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

Description: Florida Air Museum summer camps are aviation themed similar age programs designed to educate and entertain with a counselor/student ratio of 1:15. Our camps have specialized indoor and outdoor aviation activities. Destination Aviation day camps and residential camps run concurrently. Destination Aviation campers may participate in a flight program sponsored by Flight Safety International. This is an opportunity to fly a general aviation aircraft with an instructor pilot on a short cross-country flight between airports. Camp facilities include the Tom Davis Education Center, Florida Air Museum, Buehler classroom annex, the Cessna Education building and acres of green grass and trees. The TDEC is home to residential campers and includes dining and recreational facilities.

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: Destination Aviation Summer Camps begin at 9:00 – 4:00 p.m. but will vary during flight day. Parents are welcome at all times.

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 Summer Day 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 Summer 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 Summer Day 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. Residential campers will be provided with a lock trunk for personal effects. 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 & Snack: Destination Aviation day camp participants must bring a lunch with drink everyday unless otherwise stated (Lunch provided for overnight, residential campers.). Lunches can be in a small lunch box cooler or bag. We have refrigeration available. Please do not bring any food that requires microwave. We provide snacks or participants may bring their own.

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

Day Camps & Residential Camps run concurrently: Residential campers will receive additional evening programs to entertain, educate and enhance the day camp experience.

Residential Camper Pickup: Residential campers may be picked up and returned to Tampa International Airport. Explicit arrangements must be made with Florida Air Museum Education Coordinators to ensure the safety of the camper. Cell phones are encouraged for campers traveling alone.

Security: Residential campers are supervised 24 hours a day and are given a lock trunk to keep their clothing and personal items. Please provide them with a long distance phone card if they are to use Davis Center phones. E-mail is also available and encouraged.

Diets: We have a limited ability to accommodate special diet requests. We must be aware of any food allergies in advance to aid menu preparation.

Emergency Contact:

Florida Air Museum (9 a.m. to 5 p.m.)	863-644-2431
Davis Education Ctr.	863-904-4073
Ernie & Joyce Sanborn Home	863-648-0847
Education Coordinators Cell	863-397-4568
E-mail	Educate@Sun-n-Fun.org

DESTINATION AVIATION RESIDENTIAL CAMPS

ITEMS TO BRING

- Light clothing: Underwear, shorts and T's, bathing suit
- Tennis shoes or equivalent required
- Sleeping bag: light weight
- Pillow with case
- Towel & washcloth
- Soap & Personal items
 - Deodorant
 - Tooth brush
 - Tooth paste
 - Sun block
 - Mosquito repellent
- Phone card or cell phone
- Spending money (limited opportunity to purchase items)

OPTIONAL ITEMS

- Inexpensive camera
- Sandals
- Walkman or similar with earphones

DO NOT BRING

- Computers
- Electronic Games
- Toys

GENERAL COMMENTS

Each camper will receive a lock trunk to keep personal items. Opportunities to wash clothing, towels, etc. will be on a dire need basis only. Please do not bring extra food as we offer a complete menu of healthful food and snacks and can accommodate most diet requests if made in advance. To maintain a healthy environment, campers will be asked to do simple chores to maintain their areas. Our programs are peer interactive and ample opportunity will be made to use computers for simulations and aircraft design (and e-mail). Approved medications (except for inhalers or epi-pens) must be turned over to counselors on arrival. We have a no tolerance policy for unlawful behavior, illegal drugs or alcohol on our site. Campers and all people associated with our camps must abide by the Aviator's Creed: "***I will care for this earth and sky as I do others; with dignity and respect.***"

Contact Information

- E-mail: Educate@sun-n-fun.org
- Direct phone line: 863-904-4073 (24 hour during camps)
- Camp Directors: 863-397-4568
- FAX: 863-904-4049

Retain these three 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
Summer Camps

Camper Name _____
 Birth Date _____ Age _____ M/F _____

Destination Aviation Ck one DA-1 \$ 250 (Ages 11-12, July 6-10, 9:00 a.m. - 4:00 p.m.)
Day Camps DA-2 \$ 250 (Ages 11-14, July 13-17, 9: 00 a.m. - 4:00 p.m.)
 DA-3 \$ 250 (Ages 13-14, July 20-24, 9: 00 a.m. - 4:00 p.m.)
 DA-4 \$ 250 (Ages 15-18, July 27-31, 9:00 a.m. - 4:00 p.m.)
 DA-5 \$ 250 (CFAA, Aug 3-10, 9:00 a.m. - 4:00 p.m.)

Residential Option: Add \$ 375 to above pricing
 Eligible for need based scholarship? - enclose application Subtract \$200

Parent/Guardian Information

Name _____ Mail address _____
 Signature _____ City _____ zip _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 E-mail address _____ (needed for confirmation)

*Amount Enclosed \$ _____ Ck. # _____

Credit card Information: Am Ex Discover MC VISA
 Card Nbr: _____ Exp. Date _____
 Signature _____

*NOTE: We will accept a \$25 deposit to hold camp position with balance due 1 week before camp start.

<p>Return all registration materials with payment to:</p> <p>Summer Camp Registration c/o Florida Air Museum @ Sun 'n Fun 4175 Medulla Road Lakeland, FL 33807-7670</p>	<p><i>Use reverse side for any additional information you would like us to know.</i></p>
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**Sun 'n Fun Fly-In, Inc.
A Florida Corporation Not For Profit
Summer Day 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 summer day camp program and Sun 'n Fun Fly-In, Inc. has my permission to use the photograph in any publicity related to Sun 'n Fun Fly-In, Inc. events.

Yes No

2. I give permission for my child to ride in the vehicles designated by Sun 'n Fun Fly-In, Inc. for any trips for summer day camp.

Yes No

3. I give permission for my child to fly in a general aviation aircraft approved by Sun 'n Fun Fly-In, Inc. specifically for summer day camp.

Yes No

4. 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

Sun 'n Fun Fly-In, 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: Sun 'n Fun Fly-In, Inc. 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. Sun n Fun Fly-In, 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 Sun 'n Fun Fly-In, 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, Sun n Fun Fly-In, Inc Board Members, or operators of Sun 'n Fun Fly-In, Inc. or its agents that may arise from participation in the activities of Sun 'n Fun Fly-In, Inc.

 Parent/Legal Guardian Signature

 Date

WAIVER, RELEASE, DISCHARGE, AND AGREEMENT TO HOLD HARMLESS

In consideration for Sun 'n Fun Fly-In, 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 Sun 'n Fun Fly In, 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 Sun 'n Fun Fly-In, Inc, a Florida not for profit corporation, Florida Air Museum, Inc., a Florida corporation not for profit, SnF Management Services, Inc., a Florida corporation, 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 Sun 'n Fun Fly In, Inc.'s control. In the event that the Minor is a passenger or participant in any trip, flight, or other activity under Sun 'n Fun Fly In, 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 Sun 'n Fun Fly In, 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 _____, 2009

Parent/Legal Guardian Print Name

Parent / Legal Guardian Signature

PHOTO RELEASE

I understand that Sun 'n Fun Fly In, Inc. takes photographs of activities conducted under the auspices of the Sun 'n Fun Fly In, 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 Sun 'n Fun Fly In, Inc. programs and give and grant my consent to such photography and release of such photographs.

Parent/Legal Guardian Signature _____



Florida Air Museum Summer 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 _____

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

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