

**Parent Handbook 2019  
Aerospace Discovery  
STEMtastic Summer Camps**

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

**Description:** STEMtastic (Science, Technology, Engineering, Math) camps are STEM based learning environments designed to educate and inspire with a counselor/student ratio of 1:15. Our camps have specialized indoor and outdoor activities. Camp facilities include the Tom Davis Aerospace Center, Piedmont Aerospace Lab, Florida Air Museum, Hospitality room, Buehler classroom annex, the Pavilion and acres of green grass and trees. The primary classroom for the Summer STEMtastic camps is the 2<sup>nd</sup> floor Hospitality room adjacent to the Pavilion.

**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:** STEMtastic camp hours are 10:00 – 3:00 p.m. except Friday which includes a parent program starting after lunch.

**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 STEMtastic 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 STEMtastic 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 STEMtastic 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. 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:** Camp participants must bring a lunch with drink every day. Lunches can be in a small lunch box cooler or bag. We have refrigeration available. Please do not bring any food that requires microwave.

**Medication:** SUN 'n FUN reserves the right to determine on a case-by-case basis if it will administer prescription medications for participants. If accepted, a **consent form must be filled out** and put on file. In no event shall SUN 'n FUN administer over-the-counter medications.

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

<b><u>Emergency Contact:</u></b>	Sun 'n Fun	(9 a.m. to 5 p.m.)	863-644-2431
	Tom Davis Aerospace Center (Dorm)		863-904-4004
	Piedmont Aerospace Center (Classroom)		863-904-4073
	Richele Floyd - Education Director		863-617-8869 (cell)
		E-mail	<a href="mailto:Rfloyd@flsynf.org">Rfloyd@flsynf.org</a>
		Fax	863-904-4049

*Retain these two pages. Return completed registration forms to SUN 'n FUN.  
Scholarship form not required unless applying for aid.  
Keep copies for your records.*



**STEMtastic  
Summer Camps  
at  
Aerospace Discovery  
2019**

Camper Name _____ Birth Date _____ Age _____ M/F _____ Shirt Size _____ (please specify if youth size)
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<b>Choose STEMtastic Camp</b> (Check one stem camp)	<input type="checkbox"/> Camp #1 \$150 Ages 7 – 8 <input type="checkbox"/> Camp #2 \$150 Ages 9 – 10 <input type="checkbox"/> Camp #3 \$150 Ages 11 – 12	June 17 – June 21 July 8 – July 12 July 15 – July 19
Eligible for scholarship? - email <a href="mailto:educate@flsynf.org">educate@flsynf.org</a> for details		

**Parent/Guardian Information**

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

\*Amount enclosed \$ \_\_\_\_\_ Ck. # \_\_\_\_\_ Checks payable to Florida Air Museum

Credit card Information:    Am Ex    Discover    MC    VISA

Card Nbr: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ 3 digit security Code \_\_\_\_\_

\*NOTE: A \$25 non-refundable deposit reserves camp with balance due 1 week before camp starts.

<p><b><i>Return all registration materials with payment to:</i></b></p> <p>STEMtastic          Summer Camp Registration          c/o 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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Florida Air Museum, Inc.  
A Florida Corporation Not For Profit  
Summer Camp Permission Form

Name of Participant: \_\_\_\_\_

Name of Parent/Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (h): \_\_\_\_\_ (c) \_\_\_\_\_ (w) \_\_\_\_\_

**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 \_\_\_\_\_

Please initial:

1. I give permission for my child to ride in the vehicles designated by Florida Air Museum, Inc. for any trips for summer day camp.

\_\_\_\_\_  
Yes

\_\_\_\_\_  
No

2. 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.

Name

Relationship

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. 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

**Florida Air Museum, Inc.**  
**A Florida Corporation Not For Profit**  
**Child's Health History**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Diagnosed With:	Asthma	Yes	No	Allergies (If yes, to what?):			
	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 \_\_\_\_\_

\_\_\_\_\_ Medication Administration: Florida Air Museum reserves the right to determine on a case-by-case basis if it will administer prescription medications. 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. Florida Air Museum, 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, in no event shall Florida Air Museum administer over the counter medications.

\_\_\_\_\_ 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.

\_\_\_\_\_ In the event my child suffers any illness or accident requiring emergency treatment while involved in any Florida Air Museum, 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, Florida Air Museum, Inc Board Members, or operators of Florida Air Museum, Inc. or its agents that may arise from participation in the activities of Florida Air Museum, Inc.

\_\_\_\_\_  
 Parent/Legal Guardian Signature

\_\_\_\_\_  
 Date

**GENERAL RELEASE, WAIVER,  
HOLD HARMLESS, AND INDEMNITY AGREEMENT  
SIGNED BY MINOR CHILD'S NATURAL GUARDIAN  
AND  
NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN**

Printed name and address of Minor Child and **RELEASOR**:

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Phone: \_\_\_\_\_

**NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN  
READ THIS FORM COMPLETELY AND CAREFULLY.**

**YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF RELEASEES NAMED BELOW IN PARAGRAPH 4 USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM RELEASEES NAMED BELOW IN PARAGRAPH 4 IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND RELEASEES NAMED BELOW IN PARAGRAPH 4 HAVE THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.**

Sun 'n Fun Fly-In, Inc., a Florida corporation not for profit ("SnF"), and Florida Air Museum, Inc., a Florida corporation not for profit ("FAM"), are each Section 501(c)(3), Internal Revenue Code, tax exempt entities, the address of both of which is 4175 Medulla Road, Lakeland, Florida 33811, and both are located at Lakeland Linder Regional Airport, Lakeland, Polk County, Florida ("Lakeland Linder").

The undersigned releasor, as Natural Guardian of the Minor Child ("**RELEASOR**") wishes to allow the Minor Child to ride or be a passenger in, to assist in the movement or ground handling of, and/or to fly or to pilot or to assist in the flying or piloting or otherwise operate or participate in the operation of an aircraft, including, but not limited to, fixed or rotary wing aircraft, hot air balloons, or any other aerodynamic vehicle or flying machine, and/or to participate or

engage in any other activity, event, class, training, experience, or educational, recreational, or developmental event sponsored or co-sponsored by SnF and/or FAM, whether individually or with other persons or entities (the "Activity"). **RELEASOR** acknowledges that he or she wishes to permit the Minor Child to participate in the Activity, or a portion of it, which participation **RELEASOR** acknowledges and understands could or would accrue, develop, increase, or add to the inherent risk to which the Minor Child could or would be exposed resulting in or involving personal injury including, specifically, death, to the Minor Child and/or to others, and property damage resulting from an inherent risk in the Activity. As used in this Agreement, the term "inherent risk" means those dangers or conditions, known or unknown, which are characteristic of, intrinsic to, or an integral part of the Activity and which are not eliminated even if the **RELEASEES**, or any one of them, acts with due care in a reasonably prudent manner. The term "inherent risk" includes, but is not limited to: (1) the failure by the **RELEASEES**, or any one of them, to warn **RELEASOR** or the Minor Child of an inherent risk; and (2) the risk that the **minor child**, or another participant in the Activity may act in a negligent or intentional manner and contribute to the injury or death of the Minor Child. **RELEASOR** acknowledges that the Minor Child has been given permission to participate in the Activity **because of and in consideration for and ONLY as the result of RELEASOR'S willingness to sign this General Release, Waiver, Hold Harmless, and Indemnity Agreement (the "Agreement") and to release and waive him or her and the Minor Child's claims and rights and to hold harmless and indemnify the RELEASEES, or any one of them, as described specifically below, in Paragraph 4, in this Agreement ("RELEASEES")**. Accordingly, as a condition of participating in the Activity, **RELEASOR**, in consideration for the Minor Child being accepted to participate in the Activity, agrees for himself or herself and the Minor Child and for the Minor Child's children, heirs, next of kin, assigns, personal representatives, agents, and insurers as follows:

1. **RELEASOR HEREBY RELEASES, WAIVES, DISCHARGES, AND AGREES AND COVENANTS NOT TO SUE THE RELEASEES, OR ANY ONE OF THEM, FROM OR FOR ANY AND ALL LIABILITIES, CLAIMS, ACTIONS, SUITS, DAMAGES, COSTS, OR EXPENSES OF ANY NATURE, INCLUDING ATTORNEYS' FEES, ON ACCOUNT OF OR FOR ANY AND ALL PERSONAL INJURY TO THE MINOR CHILD, INCLUDING, SPECIFICALLY, DEATH, OR FOR OR ON ACCOUNT OF ANY DAMAGE TO ANY PROPERTY OF THE RELEASOR OR MINOR CHILD WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES, OR ANY ONE OF THEM, OR OTHERWISE ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE MINOR CHILD'S PARTICIPATION IN THE ACTIVITY INCLUDING PERSONAL INJURIES, INCLUDING, SPECIFICALLY, DEATH, OR PROPERTY DAMAGE OCCURRING BEFORE, DURING, OR AFTER THE ACTIVITY.**

2. **RELEASOR HEREBY ASSUMES FULL RESPONSIBILITY FOR AND ALL RISK OF ANY PERSONAL INJURY TO THE MINOR CHILD, INCLUDING SPECIFICALLY, DEATH, OR PROPERTY DAMAGE ARISING OUT OF OR IN ANY WAY CONNECTED WITH THE MINOR CHILD'S PARTICIPATION IN THE ACTIVITY, INCLUDING ANY PERSONAL INJURY, INCLUDING, SPECIFICALLY, DEATH, OR PROPERTY DAMAGE OCCURRING BEFORE, DURING, OR AFTER THE ACTIVITY WHETHER DUE TO THE NEGLIGENCE OF RELEASEES, OR ANY ONE OF THEM, OR OTHERWISE. RELEASOR ACKNOWLEDGES THAT RELEASOR IS FULLY AWARE THAT FLIGHT INVOLVES TRAVEL AND MOVEMENT IN THREE DIMENSIONS AND THAT SUCH IS SUBJECT TO MISHAP, PROPERTY DAMAGE, AND/OR PERSONAL INJURY, INCLUDING, SPECIFICALLY, DEATH, AND RELEASOR VOLUNTARILY ASSUMES FULL RESPONSIBILITY FOR AND ALL RISK OF ANY OR ALL OF SUCH.**

3. **RELEASOR hereby holds harmless and indemnifies the RELEASEES, or any one of them, against any and all liabilities, claims, actions, damages, costs or expenses of any nature, including attorneys' fees, for or on account of any personal injury including, specifically, the death of any individual, including, specifically, the Minor Child or for or on account of any property damage to the property of any person or entity arising out of the Minor Child's participation in the Activity.**

4. **RELEASEES** are: (a) the pilot and/or owner of any aircraft and/or the operator or owner of any other vehicle participating in the Activity; (b) any person or entity providing information or instruction of any kind relating to the flight or operation of an aircraft and/or the movement or operation of any other vehicle at the Activity; (c) Sun 'n Fun Fly-In, Inc., a Florida corporation not for profit; (d) Florida Air Museum, Inc., a Florida corporation not for profit; (e) the City of Lakeland, Florida; and (f) all of the respective officers, directors, employees, agents, contractors, attorneys, affiliates, volunteers, and commissioners of the aforementioned **RELEASEES**.

5. **RELEASOR ACKNOWLEDGES THAT NO WARRANTIES, EITHER EXPRESSED OR IMPLIED, HAVE BEEN GIVEN TO RELEASOR CONCERNING THE SAFETY OR FITNESS OF THE ACTIVITY; THE SAFETY OR THE FITNESS OF THE AIRCRAFT OR THE MOVEMENT OR OPERATION OF ANY OTHER VEHICLE OR THE FLIGHT OR OTHER MOVEMENT OF THE AIRCRAFT OR THE**

**MOVEMENT OR OPERATION OF ANY OTHER VEHICLE; THE SAFETY, FITNESS, OR QUALIFICATIONS OF THE PILOT OR OPERATOR; AND THAT ALL OF THE ACTIVITY INCLUDING THE FLIGHT OR MOVEMENT OF THE AIRCRAFT OR MOVEMENT OR OPERATION OF ANY OTHER VEHICLE IS BEING ACCEPTED, AGREED TO, AND ATTEMPTED AT THE MINOR CHILD'S OWN RISK AND WITH RELEASOR'S FULL CONSENT AND KNOWLEDGE.**

6. The **RELEASOR** acknowledges that no representations, promises, or inducements apart from the terms set forth in this Agreement have been made by **RELEASEES**, or any one of them.

7. It is agreed by **RELEASOR** that this Agreement shall be governed by and construed in accordance with the laws of the State of Florida.

8. **RELEASOR** agrees that this Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida and that if any portion is held invalid, the balance shall, continue in full force and effect.

9. **ATTORNEYS' FEES, VENUE, AND WAIVER OF TRIAL BY JURY: IN ANY ACTION BROUGHT TO ENFORCE OR TO INTERPRET THIS AGREEMENT, THE PREVAILING PARTY SHALL BE ENTITLED TO RECOVER ITS COSTS AND REASONABLE ATTORNEYS' FEES INCLUDING, WITHOUT LIMITATION, ATTORNEYS' FEES INCURRED IN CONNECTION WITH ANY APPEAL OR CERTIORARI PROCEEDING, AND THE SOLE AND EXCLUSIVE VENUE OF ANY SUCH ACTION SHALL BE IN THE CIRCUIT OR COUNTY COURT OF POLK COUNTY, FLORIDA, OR IN THE UNITED STATES DISTRICT COURT FOR THE JUDICIAL DISTRICT IN WHICH POLK COUNTY, FLORIDA, IS OR MAY BE LOCATED. RELEASEES AND RELEASOR RENOUNCE AND WAIVE ANY RIGHT TO HAVE ANY SUCH CONTROVERSY LITIGATED, ARBITRATED, MEDIATED, OR RESOLVED BY ANY OTHER LEGAL OR QUASI-LEGAL PROCEEDING IN ANY OTHER PLACE WHETHER PURSUANT TO THE DOCTRINE OF FORUM NON CONVENIENS OR OTHERWISE. RELEASEES AND RELEASOR RENOUNCE AND WAIVE ANY RIGHT WHATSOEVER TO A TRIAL BY JURY. FOR THE PURPOSES OF THIS AGREEMENT, "ANY ACTION BROUGHT TO ENFORCE OR TO INTERPRET THIS AGREEMENT" SHALL BE CONSTRUED TO MEAN LITIGATION, ARBITRATION, MEDIATION, AND ANY OTHER LEGAL OR QUASI-LEGAL PROCEEDING.**

10. **RELEASOR** warrants that he or she is over eighteen (18) years of age.

**RELEASOR HAS CAREFULLY READ AND IS VOLUNTARILY SIGNING THIS GENERAL RELEASE, WAIVER, HOLD HARMLESS, AND INDEMNITY AGREEMENT.**

The foregoing, General Release, Waiver, Hold Harmless, and Indemnity Agreement signed by Minor Child's Natural Guardian was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (**RELEASOR**), who is personally know to me or who produced \_\_\_\_\_ as identification.

Signature of **RELEASOR**:

\_\_\_\_\_  
(Signature)

(Affix Notary Seal)

\_\_\_\_\_  
(Print Name)

Notary Public, State of \_\_\_\_\_

Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_