

Great American Aero Derby 2008

WELCOME TO GAAD 2009 AND THE WORLD OF AVIATION!
EMBRY-RIDDLE AERONAUTICAL UNIVERSITY

Welcome to your beginning steps of a wonderful and exciting learning experience. You are now on your way to sharing a new experience with others whom share your love of aviation. However before your adventure begins it is necessary that you complete in full the attached documents:

Needed Forms for Participating Students:

Camp Registration Form
Medical History Form
Insurance Form
Travel Information
Damage Form
Consent for Reproduction of Material Form
Event Attendance Form
Attach Immunization Record

Information included:

Transportation Resources
Accommodations
What to Bring and What not to Bring
Campus Maps

Balance of Payment:

We must have the balance paid in full upon your arrival. Payment may be made by a cashiers check, money order, or any other guaranteed funds. Please make checks payable to Great American Aero Derby.

Return to: Great American Aero Derby
3700 Willow Creek Rd.
Prescott, AZ 86301

Registration Form

We look forward to your participation in this summer camp and ask that you complete the following form for our records.

Student's Name _____

Home Address _____

Sex M ___ F ___

City _____

Age _____

State _____ Zip _____

Home Phone _____

Emergency Contact Name _____ Phone _____

I, the participant, agree to abide by the rules and regulations of Embry-Riddle Aeronautical University Housing and Resident Life Packet and take full responsibility for my behavior during my stay at ERAU as a participant in this summer program. Should my behavior warrant this action, I understand that ERAU reserves the right to refuse service and/or insist I return home at the expense of the participant. No refund shall be issued if I am asked to discontinue the program.

Signature of Participant _____ Date _____

Parent Authorization Section

As a parent/guardian, I authorize my above-signed son/daughter to participate in all the activities organized by ERAU for the 2009 Great American Aero Derby camp. I acknowledge that weather may play a part in this camp, and realize that there will be no refunds for weather issues. I understand how to contact my son/daughter during this program if needed.

My signature on the enclosed medical form and release of liability forms is given with understanding that my son/daughter will be transported to the ERAU flight center and taken to other locations in University vehicles. Flight activities will be supervised and my son/daughter will not be forced to participate. ERAU reserves the right to call the emergency contact above or myself in the event my son/daughter does not participate at an acceptable level.

Parent/Guardian Signature _____ Date _____

Medical History Form

Participant Name _____
Name of parent/guardian to call in a medical emergency _____
Cellular Phone () _____ Home Phone () _____
Personal Physician _____ Phone () _____
Personal Dentist _____ Phone () _____
Medical Insurance Company (required) _____
Policy # _____ Phone () _____

Please Print

Date of Birth _____ Sex _____ Height _____ Weight _____

1. Eye vision/do you wear prescription lenses or contacts? _____
2. Are you now under treatment for any medical or emotional condition Yes/No?
3. Are you prone to motion sickness? Yes _____ No _____
 - a. Please explain any yes answers below:

- Individuals with chronic medical conditions or special health care needs and concerns are encouraged to attach a statement with recommendations from their personal physician.

4. Have you ever had any major surgery? If yes, please explain below.

5. Disabilities or functional limitations (voluntary information – not required)

6. List all medications currently taking. Self-administered? Yes ____ No ____

7. Allergies to medication or other sensitivities? (Please List)

Medical History Form (Cont.)

I hereby request and give my consent for Embry-Riddle Aeronautical University administrators of the Great American Aero Derby to see that my son/daughter receives the medication prescribed by (physician's name)_____ for the period from _____ to _____. The medication is to be furnished by me in the original container and is to be labeled with:

Name of medicine and prescription# _____
Route of administration (by mouth, etc.) _____
Amount to be given _____
Time of day to be given _____
Expected duration of treatment _____
Physician's name (must be on label) _____
Reason for medication _____

I certify that the answers above are correct to the best of my knowledge. While I understand that ERAU will take all reasonable steps to provide individual care and safety for my son/daughter, I am aware that ERAU and its employees cannot assume any responsibility for any injury, damage, or harm that might result during the course of any activity during this program.

In permitting my son/daughter to participate, I agree that such responsibility will remain with me, as the parent or guardian of my son/daughter. Should any claim be asserted by any person as a result of acts of my son/daughter will participating in the ERAU program, or while traveling to or from any such activity, or should my son/daughter assert any claim against ERAU or its employees, I agree to identify and hold ERAU and its employees harmless from any such claim, including attorney's fees and costs incurred in defense thereof.

I further authorize the staff of ERAU or the University Physician to medically treat my son/daughter in the event of illness or injury sustained in my absence while he or she is participating in the ERAU program. Medical treatment will be administered at an accredited hospital or other medical or dental care facility when considered necessary. I DO _____ I DO NOT _____ authorize the administration of Tylenol, an antacid or similar non-prescription medication according to recommended dosages, if needed.

Parent/Guardian Signature _____ Date _____

Parent/Guardian print Name _____ Date _____

Insurance Form

Medical Insurance Company: _____

Group/Policy # _____

Phone# _____

I grant permission of the staff of the University or the University Physician to arrange for health care, emergency treatment or hospitalization at an accredited hospital or other medical, psychological, or dental care facility when considered necessary by the University staff or University Physician.

Student Signature: _____

Parent/Guardian: _____

Date: _____

Please attach a front and back photocopy of your insurance I.D. card on the form.

Front

Back

Travel Form

Arrival Information into Prescott

1. Ground Shuttle Service

Company _____

Drop off Location at Embry-Riddle _____

Time of Arrival at ERAU? _____

2. Flight Into Prescott

Flight Number _____

Time of Arrival into Prescott? _____

3. Personal Transportation

Time of Arrival at
ERAU? _____

Departure Information

1. Ground Shuttle Service

Company _____

Pick Up Location at Embry-Riddle _____

Time of Departure From ERAU? _____

2. Flight Out Of Prescott

Flight Number _____

Time of Departure? _____

3. Personal Transportation

Time of Departure From ERAU? _____

Travel Form (Cont.)

NOTE:

1. Students must schedule to show up during check-in.
2. Travel Shuttles to Prescott are available in the package provided as are living accommodations in Prescott.
3. If students are arriving by shuttle, we recommend using the door-to-door service to drop them off at Hall 6 on campus. Shuttle information is enclosed in this packet.
4. Roommate Request Name: _____

Damage Form

I hereby agree to pay ERAU in the following amount(s) in order to cover damages that result from the negligence of my son/daughter.

1. Lost or damaged room key _____ \$50.00.
2. Damage to dorm room or any other facilities _____ Cost of repairs.
3. Suspension/Dismissal from the Great American Aero Derby ____ Cost of Airline Ticket/Transportation.

I further understand that I will not be charged unless my son/daughter/ward actually damages, loses, or fails to return University property.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____

Event Attendance Form

Camp Check-In

Families and friends will only be able to drop their son/daughter off at ERAU.

There will be signs directing you to the drop off point as well as a map of the campus enclosed with this packet.

Families and friends will be able to help check-in the camp participant, but will not be a part of the orientation part of the camp. The purpose of orientation is to lay out the rules for the participants and to start off the camp.

Consent for Reproduction of Materials

I hereby consent to any and all uses for photographs/videotapes of me (with or without the use of my name) by ERAU or it's designees, including any agency, client, or periodical, for the purpose of advertising, trade, display, editorial, art, or exhibition.

In giving this consent, I release the university and it's designees from liability for any violation of any personal proprietary right I may have in connection with such sale, reproduction, or use.

Participant Signature: _____

Parent/Guardian Signature: _____

Date: _____

Shuttles from PHX to PRC

Tentative Schedule: Will change due to Activity Availability.
Shuttles from Phoenix Airport to Prescott

Please contact shuttle companies to schedule transportation to ERAU. Door-to-door service is recommended and denoted by an asterisk (*). For door to door service please have them drop your son/daughter off at ERAU.

*VanG0
1-866-448-2646

*Shuttle U
1-800-304-6114

Prescott Transit Authority
928-445-5470

Accommodations

If you are planning on visiting Prescott while your child attends the Great American Aero Derby or arriving early for Camp, you may be interested in the following list of hotel accommodations around Prescott.

Springhill Suites by Marriot
(888) 466-8440
(928) 776-0998

Hassayampa Inn
(800) 322-1927
(928) 778-9434

Prescotonian Best Western
(800) 528-1234
(928) 445-3096

Prescott Resort and Conference Center
(800) 967-4637
(928) 776-1666

St. Michael Hotel
(800) 678-3757
(928) 776-1999

Antelope Hills Inn-Suites at Airport Center
(928) 778-6000

Prescott Pines Inn
(800) 541-5374
(928) 445-7270

Hotel Vendome
(888) 468-3583
(928) 776-0900

Prescott Country Inn
928-445-7991

Super 8 Motel
928-776-1282

Motel 6
928-776-0160

Return to: Great American Aero Derby
3700 Willow Creek Rd.
Prescott, AZ 86301

What to Bring?

The following checklist indicates items each student should bring to ERAU for GAAD.

1. Long pants
2. Shorts
3. T-shirt or long sleeved shirts
4. Closed-toed shoes
5. Socks
6. Under garments
7. Spending money*
8. Prescribed medications*
9. Notebook/pen/pencil
10. Alarm clock
11. Toiletries/soap/shampoo/toothbrush/toothpaste
12. Bath towel
13. Swimsuit/trunks
14. Sunscreen
15. Sunglasses
16. Phone Card to call home
17. Layers of clothes (weather varies!)

Optional:

1. Headphones for music
2. Leisure reading material
3. Stationary/stamps

- All meals will be paid for with camp funds. However, money for snacks, souvenirs, and enough quarters to call home (or a calling card!) should be provided by students and/or their family.
- You are required to inform GAAD of all medications (both prescribed and over-the-counter) and herbal supplements that you will bring with you or purchase while attending the summer camp.

What not to Bring

The following check list are items that won't be allowed throughout the time you are at GAAD, or in the residence halls.

1. Tobacco products
 2. Alcohol
 3. Drugs
 4. Portable stereos
 5. Water balloons
 6. Water guns
 7. Weapons
 8. Firecrackers
 9. Anything else our staff may view as inappropriate.
- We also recommend that you DO NOT bring valuable or irreplaceable items- especially those with sentimental value.
 - ENJOY YOUR SUMMER CAMP AT EMBRY-RIDDLE!!