



**TEXAS STARBASE AUSTIN - SUMMER CAMP 2016  
STUDENT REGISTRATION/PERMISSION FORM**

Please type or print clearly and email to [forms@STARBASEAustin.org](mailto:forms@STARBASEAustin.org).

**STUDENT INFORMATION**

Camp Dates:             June 6-10, 2016       June 20-24, 2016

Student Name: \_\_\_\_\_ Call Sign: \_\_\_\_\_

Street Address: \_\_\_\_\_ Home Phone: (    ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Elementary School: \_\_\_\_\_ Expected Middle School: \_\_\_\_\_ District: \_\_\_\_\_

Grade in fall 2015: \_\_\_\_\_ Age: \_\_\_\_\_       Female       Male

Race:     White       African American / Black       Hispanic / Latino       More Than One Race

Asian       American Indian / Alaska Native       Hawaiian Native / Pacific Islander

Ethnicity:             Hispanic / Latino       NOT Hispanic / Latino

Demographics:      Lives with BOTH parents:  Yes     No      Free/Reduced Lunch Program:  Yes     No

Child Special/Medical Needs (i.e.: Dietary, ADD/ADHD, Autism Spectrum):

\_\_\_\_\_  
\_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email \_\_\_\_\_

Work Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

**EMERGENCY INFORMATION**

Person to contact in case of an emergency: \_\_\_\_\_

Emergency Telephone: (    ) \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy No: \_\_\_\_\_ (if available)

Please note any special issues STARBASE should know.

\_\_\_\_\_  
\_\_\_\_\_

**(Over please)**



## RELEASE OF LIABILITY

Your child is expected to participate in the STARBASE Summer Camp Program for 5 consecutive days. Transportation to and from Camp Mabry, and lunch must be provided.

**Parent/Guardian Initials:** \_\_\_\_\_

In the event of an accident illness or injury, and the persons on the first page cannot be reached, I hereby give STARBASE personnel permission to take action as deemed in the best interest of my child.

In case of an emergency, I authorize **STARBASE** and/or accompanying chaperone to obtain medical aid for my child or ward, if they deem necessary. I agree the cost of such medical care is my responsibility.

I hereby grant permission for my child or ward to participate in the **STARBASE** Program and its affiliated activities, including supervised use of teacher selected websites, permission for photography and videotaping for promotional purposes. I hereby waive any monetary or other rights that my child or I may have to inspect and/or to approve the finished product of the advertising copy that may be used in connection with the use to which it may be applied. I hereby consent to the release of said portraits, pictures, videotapes, or motion pictures, to other broadcast media, such as non-governmental television, cable, or radio stations. I further assign to the said organizations all right and title and interest in the above described videotape recording, motion pictures, or photographs for any further use in the area of motion pictures videotapes, publicity pictures, etc. I understand and agree that said organizations might maintain video tape recordings, photographs, etc. for training purposes and archives.

I understand this program is an educational experience with hands-on activities, teamwork and building of self-confidence. This program also entails visits to military work areas around heavy equipment, aircraft and other military items. There may be base tours and my child will be transported via military vehicle to these sites. I take full responsibility for any damage that might occur to government/STARBASE property intentionally caused by my child. I agree not to hold the US Government, Texas Department of Military, Veterans Affairs, Texas National Guard, National Guard, Texas STARBASE, Texas STARBASE Inc., sponsoring agencies, any staff or representatives liable in any way for mishaps, which could occur due to the nature of the activity, in which my child is engaged or should injury/death or disability result from participation in STARBASE. I also understand that the STARBASE staff reserves the right to terminate the participation of my child when it is deemed to be in the best interest of either the child, or the STARBASE academy, as determined by the STARBASE staff.

I, therefore, agree to assume any and all risk for my child to be involved in the **STARBASE** program and other activities related directly or indirectly to it.

I further understand that I may ask any and all questions prior to signing this consent form.

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Parent's /Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Signature is required. Unsigned registrations will not be accepted.** Your child will not be considered registered until ALL information is provided. Return this registration via email to [forms@STARBASEAustin.org](mailto:forms@STARBASEAustin.org).