



2024 EASTERN NORTH CAROLINA AVIATION CAMP REGISTRATION INFORMATION

Craven Community College, in partnership with the Eastern Carolina Aviation Heritage Foundation, is proud to offer a week-long, non-residential summer day camp for students on the Craven Community College Havelock campus. Local teachers will lead the camp in partnership with engineers from Fleet Readiness Center East.

CAMP INFORMATION

- Take flight into an unforgettable summer adventure! This camp aims to inspire and empower individuals to pursue their passion in aerospace by providing hands-on experiences and exposure to diverse career paths. Campers will enjoy exclusive tours of aviation facilities, meet industry professionals, and witness the inner workings of airports and aircraft maintenance centers. Join us to engage with passionate aviation experts, discover the wonders of aerospace, and soar to new heights!
- Designed for students enrolled in grades 7 - 12 during the 2023-24 school year
- Hours: 9 am to 3 pm, Monday through Friday
- Dates: July 8th – 12th
- Location: Craven Community College, 305 Cunningham Blvd., Havelock
- Lunch and snacks will be provided daily
- Total cost is \$175.00
 - \$75 nonrefundable deposit due upon registration. Students requesting a scholarship should submit a letter of demonstrated financial need in lieu of payment.
 - The remaining \$100 is due by **June 3rd, 2024**. Failure to meet this deadline will cancel camp enrollment.

COMPLETING THE ENROLLMENT

- Put all the information listed below in one packet:
 - Completed registration form signed by parent/guardian
 - Photography and liability waiver
 - Parental consent/medical information form
 - Student travel release form
- Submit the packet with \$75 deposit (or letter of financial need) to the address below.

Mail to:

305 Cunningham Blvd
Havelock, NC 28532
Pay via cash or check

Or hand deliver to:

REDD Building
Room 101C/Student Services
Pay via cash/check/card

Or Scan and Email to:

aviationcamp@cravencc.edu

Pay via phone to 252-444-6001



SUMMER CAMP REGISTRATION FORM

First Name _____ Last Name _____ Preferred Name _____

Address _____ City _____ State _____ Zip Code _____

County of Residence _____ Date of Birth _____ Gender (circle one): Female / Male/ nonbinary

Parent/Guardian's Full Name _____

Daytime Telephone Number _____ Other Telephone Number _____

Email Address _____

School Attended _____

Optional: Ethnic Background (please check all that apply)

- African-American/Black
- Hispanic/Latino
- Asian
- Prefer Not to Answer
- Native American
- Caucasian
- Other _____

PROGRAM INFORMATION

Have you attended any other Science/Technology/Engineering/Math camps before? YES NO
If yes, camp name(s) and date(s) attended _____

How did you hear about this Aviation/Engineering Camp?

- School Counselor
- Website
- Poster
- Other _____
- School Teacher
- Friend
- Previous Participant (Name: _____)

SCHOLARSHIP INFORMATION

Please consider my child for a need-based scholarship

We have a limited number of need-based scholarships available for students. Since we do not wish to receive personal financial information from families, we rely on the school to indicate if a family has demonstrated need. Generally, participation in the free and reduced lunch program is an indicator, but a school counselor or other school official may be able to speak to other factors influencing financial need. *For homeschooled students, parents should write a letter for the scholarship request indicating factors influencing financial need **without providing specific financial information**.* Please submit this letter with the other components of the application.

Please check which grade the student was **enrolled** in during **Spring 2024**

- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th

SHIRT SIZE: ADULT SM ADULT M ADULT L ADULT XL ADULT 2XL

PARENT/GUARDIAN CONSENT

Signature of Parent/Guardian _____ Date _____

I hereby give my consent for my child's participation, agree to all terms and conditions stated in this application, and certify that all information provided is accurate.



**AUTHORIZATION TO PHOTOGRAPH AND WAIVER OF LIABILITY
FOR DAMAGES TO PERSON OR PROPERTY**

Release executed on _____ (date), by _____ (Name) of _____ (street address, city, state, zip code), herein referred to as **Releasor**, in favor of Craven Community College, a state agency existing under the laws of the state of North Carolina, with its principal office located at 800 College Court, New Bern, NC 28562, referred to herein as **Releasee**.

Whereas, **Releasee** requires the execution of this Authorization and Waiver in order for the **Releasor** to be allowed to participate in said photo shoot; Understanding that without monetary compensation, with good consideration, the **Releasor** agrees to the following:

Releasor consents to being the subject of photographs of Releasor together with any subject matter owned by Releasor, and hereby authorizes Releasee to cause the same to be exhibited, with or without advertising sponsorship, as still photographs, transparencies, motion pictures, television, video, social media, website content, or other similar media.

Releasor hereby releases Releasee, and any associates, as well as any assignees, from any and all claims for damages for libel, slander, invasion of privacy or any other claim based on use of the above-described material(s).

Releasor further releases Releasee and any associates, as well as any assignees, from any and all claims for damages.

Releasor understands that the activities he/she will participate in can be dangerous and may cause serious or grievous injuries, including bodily injury, property damage, and/or death. The undersigned Releasor waives all claims for damages (including damages to my person as well as property damages), injuries and death sustained by me that he/she may have or acquire against Releasees regarding any such activities. In witness whereof, Releasor has executed this Authorization and Waiver on the day and year first above written:

Witness _____ Releasor _____



PARENTAL CONSENT/MEDICAL INFORMATION FORM

Craven Community College

Student Name _____
Date of Birth _____
Home Address _____
Health Insurance Company: _____
Policy# _____

In case of emergency, we MUST be able to contact a parent or other responsible party. Please list a daytime phone number and another contact number (work or cell phone):

Parent/Guardian #1: _____
Phone _____
Phone _____

Parent/Guardian #2 _____
Phone _____
Phone _____

If neither parent/guardian can be reached, please contact in case of emergency:
Name _____ Phone _____

My student can be picked up by the following people (including name and phone number):
Name & Phone number: _____
Name & Phone number: _____

The following information must be completed and signed by a parent or guardian:

- 1. Known allergies (food, drugs, insects, dairy, nuts, etc.)
2. Is the student a vegetarian/vegan:
3. Medications currently taking (dose and frequency)
4. Special medical concerns or conditions (epilepsy, diabetes, etc.)

Physician's Name and Phone #: _____

The law requires that parental permission be obtained for medical procedures performed on minors (under 18). The following consent form should be signed by parents/legal guardians so that such procedures can be promptly carried out. We will make a genuine attempt to notify you in case of a serious emergency.

In the event that I cannot be reached at the numbers given above, I, the undersigned parent/guardian of _____, hereby give permission to the staff of Craven Community College Aviation Camp to seek emergency medical treatment for my son/daughter.

We have CPR, and First Aid certified staff on site during the event, but we do not have nurses or medical professionals. We **cannot** give medicine.

Printed name of Parent/Guardian: _____

Signature: _____

Date: _____

Craven Community College Student Travel Release

NAME: _____

ADDRESS: _____

The above-named person hereby desires to participate in transportation, field trips, class trips, live projects, extracurricular events, and/or any activity(ies) (including overnight stays) offered, provided, or sponsored by Craven Community College ("College"), and the above-named person hereby affirms:

- i. I am in proper physical condition to participate in these activities, and;

- ii. I recognize and am aware that there are risks of physical and/or mental injury and death which might result from accidents, negligence or the intentional acts of others occurring during travel to and from said activities, whether by transportation provided by Craven Community College or by private vehicle or otherwise or at any time and by and other means.

In consideration of Craven Community College and any of its personnel in any capacity allowing me to participate in any such activities based on my request and affirmations, and other good and valuable considerations, the receipt and sufficiency of which are hereby acknowledged, I FOREVER RELEASE, ACQUIT, AND DISCHARGE THE COLLEGE, AND ITS REPRESENTATIVES, OFFICERS, TRUSTEES, EMPLOYEES, AGENTS, AND INDEPENDENT CONTRACTORS, AND THE PERSONAL REPRESENTATIVES, HEIRS, SUCCESSORS, AND ASSIGNS THEREOF (COLLECTIVELY, "THE COLLEGE AFFILIATES"), OF AND FROM ANY AND ALL LIABILITY, CLAIMS, DAMAGES, DEMANDS, ACTIONS, INJURIES, CAUSES OF ACTION, SUITS, LOSSES, COSTS, AND EXPENSES, INCLUDING ATTORNEY'S FEES, OF WHATSOEVER KIND OR NATURE, ARISING FROM, RELATED TO, OR IN ANY WAY CONNECTED WITH THE ACTIVITY, WHETHER KNOWN OR UNKNOWN, ECONOMIC OR NONECONOMIC, DIRECT OR INDIRECT, INCLUDING BUT NOT LIMITED TO THOSE RESULTING FROM THE NEGLIGENCE OF OTHERS OR THE COLLEGE AND THE COLLEGE AFFILIATES.

This release has been read by me and I understand its contents and that it shall be binding on me, my heirs, personal representatives, executors, successors and assigns. I agree that, without regard to conflicts of law principles, the laws of the State of North Carolina shall govern and control the validity, interpretation, performance, and enforcement of this release. Where applicable, I further certify and affirm that as of the signing of this release, I am eighteen (18) years of age or older.

IN TESTIMONY WHEREOF, I have set my hand and adopted as my seal the typewritten work "SEAL" appearing beside my name, as of the date written below.

Signature (SEAL)

Date signed: _____

[See next page if participant is less than 18 years old.]

If the participant is under the age of 18, then the Student's parent(s) or guardian(s) MUST sign the below Parent/Guardian Release.

ATTACHMENT TO STUDENT TRAVEL RELEASE
PARENT/GUARDIAN RELEASE

I/we hereby certify and affirm that the above student is under the age of eighteen (18), that I/we are his or her parent(s) or legal guardian(s), that I/we hereby execute this Student Travel Release on his or her behalf and on behalf of myself/ourselves and his or her any my/our respective heirs, personal representatives, executors, successors and assigns so as to fully release all persons and claims as set forth in detail above in the body of this Student Travel Release.

If this Student Travel Release is signed by only one parent or guardian, the signing person certifies that such person is signing this Student Travel Release on behalf of, as the agent of and with the permission of the other parent or any other guardian or guardians any and other person or person who may have any claim whatsoever in connection with any injuries, illness or others damages, including death, to the above named student and fully binds such other person or personas and their heirs, personal representatives, executors, successors and assigns to this Student Travel Release.

The undersigned (s) certify that I/we have read this Student Travel Release and understand its content and that it is binding on the above-named student, on me/us and on the student's and my/our heirs, personal representatives, executors, successors and assigns.

IN TESTIMONY WHEREOF, I/we have set my/our hand and adopted as my/our seal the typewritten word "SEAL" appearing beside my/our names(s), as of the date written below.

_____ (SEAL)

Signature of Parent or Guardian

Date signed: _____

_____ (SEAL)

Signature of Parent or Guardian

Date signed: _____



Craven Community College-Havelock Summer Camp Policies

Listed below are rules and policies that you should be aware of as you plan your attendance at the Craven CC- Havelock Summer Camp. You will be expected to conform to these rules to help guarantee the safety and well-being of all participants. Failure to do so may result in dismissal from camp.

If you do not abide by these rules, you may expect to be sent home with no refund of participant fees.

- No drugs or alcoholic beverages
- Behavior that disrupts or interferes with your camp experience or the experience of other campers is inappropriate, and campers behaving in such a manner may be asked to sit out of activities and/or be required to go home. **Should a camper not respond positively to requests for positive behavior they may be asked to go home and not return to camp (a refund will not be given).**
- Articles of toys or any items that might cause injury to your child or others are not to be brought to Engineering Camp. Items of this nature will be confiscated and returned at the end of the camp.
- Electronic devices of any kind, other than cell phones, should be left at home. Campers are free to request to use Craven Community College phones if needed. Campers whose parents agree to allow them to keep a cell phone with them at camp agree that they are responsible for them and will confine cell phone use to parent contact only at appropriate times. Campers agree that any emergency contact with parents should only be done by a staff member.
- Hitting, kicking, pushing, or any action that could be seen as bullying will not be permitted.
- Campers are expected to speak politely and appropriately to other campers and staff at all times.
- Working together and cooperatively is sometimes difficult but something we need to learn to do. Campers are expected to cooperate with one another or seek the assistance of a camp staff member to help with any cooperation issue or problem at camp.