



307 Pitsenbarger Blvd
McChord Field, Tacoma, WA 98438
253-212-3305

STUDENT APPLICATION/PERMISSION FORM

Please type or print clearly and return this form to your teacher or mail to above address for summer program.

Student Name: _____ Classroom Teacher Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____ Email: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Person to contact in case of an emergency: _____

Emergency Telephone Number: _____ Relationship: _____

Insurance Carrier: _____ Policy#: _____ (if available)

Demographic Information: STARBASE is a federally funded program. The completion of the following information is **required** for your child to attend STARBASE. This information is needed in order for STARBASE to maintain its funding. This information is reported in summary form only.

Student Sex (Please circle one): Male Female

Student Ethnicity (please check one): ☐ African American ☐ Asian/Pacific Islander ☐ Caucasian ☐ Hispanic
☐ Native American ☐ Other

Does your child receive free or reduced lunch from school: (Please check one): ☐ Yes ☐ No

Does your child receive ELL (English Language Learner): (Please check one): ☐ Yes ☐ No

Please note any medical problems (prescriptions drugs, illnesses, etc.) or other special issues, which a chaperone should know. _____

My child has permission to attend the STARBASE academy. In case of emergency, I authorize STARBASE and/or accompanying teacher/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 or that of my child's health insurer.

Parent/Guardian Signature

Date

Signature is required. Unsigned applications will not be accepted. Return this application to your child's teacher, or for summer academies, mail to above address or email to Beth.Easterday@evergreenstarbase.org

Please turn page over. More information on the back.



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Student Release of Liability & Information Form

Student Release of Liability

This release of liability is made this _____ day of _____, 2012 by _____, a
(Date) (Month) (Print Parent/Guardian Name)

parent or guardian of a potential participant in the STARBASE Program (hereinafter collectively referred to as "Applicant"), for the purpose of releasing the Military department State of Washington, the United States department of defense, the STARBASE Program and any other federal or state governmental entities or corporate sponsors thereof (all collectively referred to hereafter as "Washington National Guard" from any and all liabilities in exchange for participation does hereby state:

WHEREAS, the said (print student name) _____, (hereinafter referred to as "Applicant" desires the use of services, grounds, facilities, and/or equipment of the Washington National guard for participation in the STARBASE Program does hereby state that:

In consideration of the mutual, advantages, benefits and purpose to be achieved thereby; the use of said grounds, facility, equipment for the purpose and activities described is hereby approved, conditioned upon applicant releasing the Washington National Guard and its agents, servants, employees, soldiers and airmen of and from any and all claims, demands, actions, causes of actions whatsoever, arising out of or related to any loss, damage or injury, including death, that may be sustained by any person or property arising out of the described activity or any other activities relating thereto conducted by Applicant or en route to or from these activities.

The undersigned Applicant understand and agrees that there are certain risks associated to these activities by signing this agreement expressly authorizes travel to and from the various activities in Washington National guard vehicles. The Applicant individually and on behalf of the minor child hereby expressly and voluntarily assumes all risks and hazards of injury to the minor child and his or her property resulting from participation in the program to the full extent allowable under federal and state law. In the event of an accident or injury, the Washington National Guard is authorized to make emergency medical decisions on behalf of Applicant and to release the Washington National guard from liability for same.

I understand that my liability for property damage and personal injuries caused by child is the same as I am subject to during normal school hours (or Academy hours during summer) and activities at my child's school.

Applicant understand the above terms and conditions and acknowledges that it has carefully read the above statement and willingly compiles with the terms and conditions thereof, understanding that it voluntarily assumes all risks and hazards of injury to Applicant resulting from participation in the described activities.

Parent/Guardian Signature

Date

Student Release of Information

AUTHORIZE FOR RELEASE OF INFORMATION

I hereby authorize the Military Department , State of Washington, the United States Department of Defense, the STARBASE Program and other federal and state governmental entities and corporations working in conjunction therewith (collectively referred to hereinafter as "Washington National Guard") to photograph and videotape my child for promotional purposes. I hereby waive any monetary or other rights that I might have to inspect and/or approve the finished product of the advertising, Promotional or news copies and consent to its use in whatever way they Washington National Guard deems appropriate. I hereby consent to the release of said portraits, pictures, videotapes, or motion pictures to broadcast and print media such as non-governmental newspapers and publications, televisions, cable or radio stations. I understand that all rights and title to the released information shall remain with the Washington National Guard or the recipient.

Parent/Guardian Signature

Date



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SUMMER ACADEMIES for grades 5 to 8 this summer!

(please circle session attending below)

FIRST SESSION: July 16-19, Community **SECOND SESSION:** July 23-26, Children of military families

LOCATION: Building 307, STARBASE Classroom, 307 Pitsenbarger Blvd, McChord Field, Tacoma, WA

COST: There is no cost for the academy. There will likely be more applicant than available slots. As a courtesy to other applicants, student selected are expected to attend all four days of the academy, daily 9:00-3:15.

TRANSPORTATION IS NOT PROVIDED, and students must bring a sack lunch and bottled water each day.

APPLICATION DEADLINE: First Session, Community (military ok)—until full; Second Session, Military—until full

Applications can be obtained from your teachers if in school, or for military children contact Lisa Dowling, Evergreen STARBASE Director at 253-448-0209 or email lisa.dowling@evergreenstarbase.org

WHAT IS STARBASE: Department of Defense STARBASE targets intermediate students. The goal is to motivate them to explore Science, Technology, Engineering and Math (STEM) as they continue their education and choose career paths. The program encourages students to stay in school, set goals and achieve them and includes personal investigations from our military about STEM related careers.

STUDENT APPLICATION/PERMISSION FORM

Student Name: _____ School/Teacher Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Information

Person to contact in case of an emergency: _____

Emergency Telephone Number: _____ Relationship: _____

Please note any medical problems (prescriptions drugs, illnesses, etc.) or other special issues, which our staff should know: _____

My child has my permission to participate in the circled above STARBASE summer academy.

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

Parent/Guardian Signature

Date

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