

**SUMMER FLIGHT ACADEMY-WMU
2009 SUMMER APPLICATION
MONDAY, JUNE 15 -THURSDAY, JUNE 18, 2009**

PART I: STUDENT INFORMATION

Social Security # _____ Date: _____

Name (first, last, middle initial): _____

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone:(_____) _____

Birthdate(mm/dd/yyyy) ____ / ____ / ____ Gender (): Female Male

RACIAL/ETHNIC BACKGROUND: ()

- African American Hispanic/Latino Native American, Tribe: _____
 Asian American White/Caucasian Other (be specific): _____

ACADEMIC BACKGROUND:

Have you been a Flight Academy participant in the past? Yes No If yes, when? _____

Have you applied for the Flight Academy before? Yes No If yes, when? _____

Are you a student with a disability? Yes No If yes, specify: _____

What grade are you in? _____ What year will you graduate? _____

If applicable, what was your cumulative grade point average (GPA) last year? _____

What school do you go to? _____

What aviation company would you want to work for? _____

Please write your thoughts or ideas to the questions below.

Why aviation? _____

Have you ever been on an airplane before? _____

Is there anyone from aviation history that impacted your life? _____

What aviation career(s) are you interested in pursuing? _____

What college/university would you like to attend? _____

Do you have any flying experience? If yes, how much? _____

PART II: ESSAY

The information provided in this section is very important to the selection process. Thoughtful, well-constructed, honest responses are expected. Please, no hand written essays.

Please respond to the following:

- Who are you?(describe your family and educational background; your education/career goals).
- Describe your course load, extracurricular activities, and general work capacity.
- What are your reasons for pursuing a college degree?
- What are your reasons for applying to the Summer Flight Academy?

MEDICAL INFORMATION

MEDICAL CONDITION(S): (please check all that apply to you)

- Diabetes Epilepsy Hearing Loss Seizures

- Asthma (specify): _____
- Food Allergies (specify): _____
- Physical Restrictions (specify): _____
- Other (specify): _____

Are you currently taking medication(s)? Yes No

If yes, name of medication(s) and dosage(s): _____

PARENT/GUARDIAN INFORMATION

Name of Father/Step-Father/Male Guardian: _____

Daytime phone (____) _____ Evening phone (____) _____

Name of Mother/Step-Mother/Female Guardian: _____

In an emergency, if we could not contact your parent(s)/guardian who else could we contact?

1. Name: _____ Relationship: _____

Daytime phone (____) _____ Evening phone (____) _____

2. Name: _____ Relationship: _____

Daytime phone (____) _____ Evening phone (____) _____

PARENTAL CONSENT

THIS SECTION SHOULD BE COMPLETED ENTIRELY BY PARENT AND/OR GUARDIAN.

A. TRAVEL:

My dependent, _____, is authorized to travel on Gear Up/College Day sponsored trips and affairs in vehicles and other modes of transportation provided by the GU/CD Program while enrolled as a participant in the Program.

Parent/Guardian Signature: _____ **Date:** _____

B. RELEASE OF INFORMATION:

To: _____ Date: _____
(Name of Middle/High School)

From: _____ RE: _____
(Parent/Guardian Name) (Participant Name)

I do hereby grant permission and authorization for you to release information from the comprehensive and cumulative records of my dependent, _____, to representatives of the Western Michigan University Gear Up/College Day Program, post secondary schools, or other educational institutions who are seeing information concerning his/her participation in the GU/CD Program. This information may include grades, class rank, school attendance, teacher evaluations, standardized test scores, academic performance and official transcripts. It may also be used for data collection, follow-up and general informational purposes.

Parent/Guardian Signature: _____ **Date:** _____

C. WELL-CHILD VERIFICATION & MEDICAL CONSENT:

By signing this form, I verify that my child, _____, is in good health upon attending the Gear Up/College Day Program at Western Michigan University.

Parent/Guardian Signature: _____ **Date:** _____

I do hereby authorize my dependent, _____, to receive medical examinations and emergency treatment by a licensed physician, if necessary, while participating as a student in the Western Michigan University GU/CD Saturday Programs. However, I fully understand that GU/CD does not pay for medical services received by my dependent during his/her campus experience. I also understand that such bills will be forwarded to me for payment. ***I also understand that the GU/CD staff will not perform any medical procedures or administer any medicines to my student including aspirin.***

Parent/Guardian Signature: _____ **Date:** _____

D. HEALTH INSURANCE:

If your child is covered by health insurance, please complete the following information:

Insurance Company: _____

Individual Policy Holder's Name: _____

Contract #: _____ Group: _____

Service Codes: _____

If pre-authorization for referrals is necessary, please list contact number: _____

If coverage is through employer, list employer's name and address below:

Employer's Name: _____

Employer's Address: _____
Street City State Zip

Participant's Name: _____ SS#: _____

If your child requires an inhaler, the child must bring it with them to campus, and he/she must keep it with them at all times. If your child is Diabetic, all required medication should be with the child at the time of arrival. If he/she requires insulin shots, they must be able to administer it themselves.

Parent/Guardian Signature: _____ **Date:** _____

E. PHOTO & VIDEO RELEASE FORM:

Throughout the Gear Up/College Day Saturday Programs, we will be taking photos and video footage of your student. Please read the following two statements and check one box.

I, _____ being the Parent/Guardian of _____, hereby consent that the Gear Up/College Day Program at Western Michigan University may take photographs, video, and/or electronic images of my child throughout the Saturday programs. I further consent that such photographs, films, recordings, electronic images and the film, slides, disks, or tapes from which they are made shall be the property of the Gear Up/College Day Program at Western Michigan University, and they shall have the right to duplicate, reproduce and make other uses of such photographs, films, records, and tapes for documentation and promotional purposes.

I, _____ being the Parent /Guardian of _____, **DO NOT** consent to photographs, video, and/or electronic images of my child being taken by the Gear Up/College Day Program.

Print Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

**F. CONSENT/WAIVER FOR SUMMER FLIGHT ACADEMY PROGRAM PARTICIPANTS
 AGREEMENT, CONSENT, WAIVER AND LIABILITY RELEASE**

---READ CAREFULLY BEFORE SIGNING---

I/we am/are the parent(s)/guardian(s) of _____ (my child). In consideration of my child being permitted to participate in the program described as _____ (Program) with Western Michigan University's College of Aviation, I understand and agree as follows:

I understand that my child will be involved in many activities that may include flight instruction, passenger flight, and field trips with other students, and that s/he may be given flight instruction with a certified flight instructor wherein s/he will handle the controls of the airplane. I understand that flight instruction, passenger flight, and field trips are potentially dangerous activities that could result in personal injury, property damage, and death.

In consideration of my child being allowed to participate in this activity I hereby release, relieve, discharge, and hold harmless and shall indemnify Western Michigan University, its trustees, officers, employees, and agents from any and all liability or claims of liability, whether for personal injury, property damage, death, or otherwise, arising out of or in connection with my child's participation in this Program or any travel associated with it.

If any emergency medical procedures or treatment are required while my child is in the care of Western Michigan University, I consent to Western Michigan University employees, representatives, or agents administering, arranging for, or consenting to the procedures or treatment in his/her/their discretion

To the fullest extent permitted by law, I assume full responsibility and risk, including financial responsibility, for any and all losses, injuries or damages, including medical expenses, which my child may sustain when on or about the property of Western Michigan University or when participating in any Program activity or field trip.

I, for my child, heirs, administrators, personal representatives or assigns, release, waive and discharge, and further agree to indemnify, hold harmless and/or reimburse Western Michigan University and its board, officers, employees, agents, representatives, insurers, and others acting on their behalf, of and from all claims, demands, and actions which I, any other parent or guardian, any sibling, the student, or any other person or legal entity may have or claim to have, known or unknown, directly or indirectly, for any losses, damages, or injuries arising out of, during, or in connection with my child's enrollment and/or participation in the Program or the rendering of emergency medical procedures or treatment, if any.

I also give permission to Western Michigan University to take photographs, slides, and/or video pictures of my child and to copyright and/or publish the photographs, slides, and/or video pictures of my child for educational or marketing purposes. I hereby waive any right to inspect and/or approve the finished product or advertising copy that may be used in connection therewith, or the use to which it may be applied. I further release and discharge Western Michigan University, its trustees, officers, employees, and from any and all liability by virtue of blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the making of said pictures, or in any processing tending towards the completion of the finished product.

I further acknowledge and agree that if my child violates any Program rules and regulations my child will be subject to dismissal from the Program and all remaining activities. If dismissed, my child will be required to contact me/us, the undersigned, who will be responsible for picking up my/our child immediately. I also understand that if the infraction constitutes a potential violation of the law, the appropriate authorities will be notified.

I HAVE READ AND UNDERSTAND THIS ENTIRE AGREEMENT, CONSENT, WAIVER, AND LIABILITY RELEASE, AND VOLUNTARILY AGREE TO ITS TERMS AND CONDITIONS.

Signature _____ Date: _____

Printed Name: _____ Telephone _____

Signature _____ Date: _____

Printed Name: _____ Telephone _____

Genco/disclaimers and releases/general aviation minor release

My signature below indicates that, to the best of my knowledge, the information given on this application is true, complete, and accurate.

Signature _____ Date _____

**PLEASE RETURN COMPLETED APPLICATION TO:
 Alex Garrett • Western Michigan University • (269) 964-5768
 237 N. Helmer Road • Battle Creek, MI 49037-7917 • avs-gal@wmich.edu
 APPLICATIONS ARE DUE NO LATER THAN MAY 15, 2009**