



EMBRY-RIDDLE
AERONAUTICAL UNIVERSITY

SUMMER ACADEMY

WHAT WILL YOU
DO THIS SUMMER?



FORMS PACKET

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EMBRY-RIDDLE
AERONAUTICAL UNIVERSITY

The Summer Academy

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 Embry-Riddle Aeronautical University or it's designee, 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 or proprietary right I may have in connection with such sale, reproduction, or use.

Signed: _____

Student

Signed: _____

Parent or Guardian, if under 18 years of age and single

Date: _____



EMBRY-RIDDLE
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Minor Release Form

Program: _____

Date of Program: _____

Name of Participant: _____

Participation in a Summer Academy activity of any type is at the student's own risk. You are advised that participation may expose your child to potential risks of physical harm or damage to personal property. You will be held personally responsible for any expenses your child may incur as a result of any injuries sustained or damage to personal property sustained while participating in activities.

It is therefore agreed and understood that the undersigned freely and voluntarily chooses to assume personal liability for any injury that may occur as a result of participation by your child in activities and for any damage sustained to personal property. The undersigned further agrees to save and keep harmless and indemnify Embry-Riddle Aeronautical University against any and all liability, claims, and costs of whatsoever kind and nature for injury, death, and for loss or damage to any property occurring in connection with or in any way incident to or arising from participation in any activity, resulting in whole or in part from the negligent acts, fault, or omissions of the University, any member, employee, agent, or representative of the University.

Date: _____

Signed: _____
Parent or guardian

If my son/daughter/ward is enrolled in a Summer Academy program, which involves flight training, I hereby grant permission for my son/daughter/ward to participate in such activity. All of the terms and conditions of the above release apply to participation in the flight activity, as well as, to all other activities my son/daughter/ward participates in.

Date: _____

Signed: _____
Parent or guardian

If my son/daughter/ward is enrolled in a Summer Academy program which involves an observer flight, I hereby grant permission for my son/daughter/ward to participate in such activity. All of the terms and conditions of the above release apply to participation in the flight activity, as well as, to all other activities that my son/daughter/ward participates in.

Date: _____

Signed: _____
Parent or guardian



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Rules and Regulations Acknowledgement

I hereby certify that, as a condition of participation in a Summer Academy program, I have read and understand the 2009 Summer Academy Student Handbook. I agree that I am responsible for being fully informed of the rules, regulations, and policies set forth by the Summer Academy and Embry-Riddle Aeronautical University. I agree to abide by these rules, regulations, and policies while staying at Embry-Riddle Aeronautical University. I also understand that any violation of these rules, regulations, and policies will result in disciplinary action, up to and including dismissal from the program in which I am enrolled.

Signature:

Student

Date:

Signature:

Parent or Guardian

Date:



EMBRY-RIDDLE AERONAUTICAL UNIVERSITY

The Summer Academy Travel Schedule Form

Student Name: _____

Camp: _____

Please complete this form even if you are arriving by car.

Check-in for each camp is between 1500 and 1700 on the first day listed for the camp. *(Example: Flight Exploration Bravo runs June 22 – June 28. If arriving by car on June 22, plan to arrive on campus between 1500 and 1700. If arriving by plane, plan to arrive on campus on June 22, between 1500 and 1700. Plan to depart campus on June 28 between 0900 and 1100).*

The Summer Academy provides transportation from **Daytona Beach International Airport only**. If a student arrives in Orlando, he/she must arrange for his or her own transportation to/from campus. Below are the websites for the airlines that use Daytona Beach International Airport as well as some known discounted websites (Embry Riddle Summer Academy does not endorse these websites, they are just suggestions):

www.Delta.com

www.kayak.com

www.Priceline.com

www.Continental.com

www.Travelocity.com

www.orbitz.com

www.USAirways.com

www.321travel4less.com

www.Expedia.com

Please attach a copy of your travel itinerary to this form.

ARRIVAL INFORMATION

Type of Transportation: Car Airplane Bus Train

Arrival Date: _____

Please complete the following for each segment of your trip:

Airline and Flight Number: _____

From: _____

Departure Time: _____

(Which airport, depot?)

To: _____

Arrival Time: _____

(Which airport, depot?)

Airline and Flight Number: _____

From: _____

Departure Time: _____

(Which airport, depot?)

To: _____

Arrival Time: _____

(Which airport, depot?)

(Travel Schedule Form, Cont'd)
DEPARTURE INFORMATION

Type of Transportation: Car Airplane Bus Train

Departure Date: _____

Please complete the following for each segment of your trip:

Airline and Flight Number: _____ From: _____ Departure Time: _____
(Which airport, depot?)

To: _____ Arrival Time: _____
(Which airport, depot?)

Airline and Flight Number: _____ From: _____ Departure Time: _____
(Which airport, depot?)

To: _____ Arrival Time: _____
(Which airport, depot?)

Important Note

Immediately inform the Summer Academy office if any travel schedule changes are made. You may fax changes to 386.226.7630, or email the changes to summer@erau.edu.



EMBRY-RIDDLE AERONAUTICAL UNIVERSITY

Medical Report

Program _____

Daytona Beach Campus

Prescott Campus

Social Security # _____ Expected Date of Program _____

Name (Print) _____
Last First Middle

Home Address _____
No. & Street City/Town State/Zip Code Country

Home Telephone () _____ Date of Birth ____/____/____
Month Day Year

Sex _____ Height _____ Weight _____ Date of last Tetanus Inoculation ____/____/____
Month Day Year

*Are you now under treatment for any medical or psychological conditions? Yes No If yes, please explain below.

*Individual who have chronic medical/psychological conditions or special health care needs and concerns are encouraged to attach statement, with recommendations, from their personal physicians.

Have you had any major surgery? Yes No If yes, please explain below.

Please, list all daily and routinely taken medications including vitamins, birth control, etc.

Do you have allergies to medications or other sensitivities? Yes No If yes, please list below.

Name and address of parent/guardian _____
Phone # () _____

Parent's/guardian's business address _____
Phone # () _____

In case of emergency, notify _____ Phone # () _____

Personal Physician _____ Phone # () _____

Personal Dentist _____ Phone # () _____

Medical Insurance Company _____ Group/Policy # _____ Phone # () _____
(please attach a front and back photocopy of your insurance I.D. card on the form provided)

I hereby grant permission to the staff of Embry-Riddle Aeronautical University or the University Physician to render any emergency treatment to myself/son/ daughter/ward. I also grant permission for 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.

Date _____

Signed _____
(Student)

Signed _____
(by parent or guardian, if under 18 years and single)



EMBRY-RIDDLE
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Insurance Card Form

Medical Insurance Company:

Group/Policy No.:

Phone No.:

Please attach a copy of your insurance card below.

Front:

Back:



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Headset Rental Form

You must complete this form if you are coming to a camp which includes flight training.

Student Name: _____

Camp: _____

If you do not own a flight headset, you may rent one from the Summer Academy for a \$75.00 fee. A headset will be issued to you at check-in on the first day of camp and collected from you at check-out.

Please place an "X" the appropriate box:

Need to Rent a Flight Headset

Do Not Need to Rent a Flight Headset

Please enclose a check made payable to ERAU, or complete the following credit card information.

Signed: _____

Date: _____

Parent or Guardian

Name: _____

As it appears on the credit card

Visa

MasterCard

American Express

Discover

Credit Card Number

Credit Card Expiration Date

CIV Number



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Drug Testing - Minor Consent Form

I hereby acknowledge that I, and my child, have received and read the University's Drug Testing Policy. We have been given the opportunity to ask questions about this policy. We understand that each and every flight training student, regardless of age or enrollment status, is subject to this policy. We understand this policy, and we understand my child's responsibilities under its provisions. We agree to abide by all of the requirements of the policy. We further understand that my child's participation in the Flight Training Program is contingent on their adherence to this policy.

I consent for my child to be tested for controlled drugs and substances as required by the University's Drug Testing Policy. I also consent to the release of the results of any drug test and other information regarding my child's participation in this program, including any violations and sanctions for violation, to any University official charged with administering the Flight Training Program. I agree that refusal by my child to submit to testing may lead to expulsion from the Flight Training Program.

Printed Name of Student

Date

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date



EMBRY-RIDDLE AERONAUTICAL UNIVERSITY

The Summer Academy Summer Academy Checklist

- | | |
|--|---|
| <input type="checkbox"/> Original Medical/Student pilot certificate ¹ | <input type="checkbox"/> Prescribed medication ² |
| <input type="checkbox"/> Private Pilot Certificate (SunFlight Custom) | <input type="checkbox"/> Alarm clock |
| <input type="checkbox"/> Flashlight (SunFlight) | <input type="checkbox"/> Shorts |
| <input type="checkbox"/> Headset (all flight camps) ⁵ | <input type="checkbox"/> Sunscreen |
| <input type="checkbox"/> Lightweight shirts (cotton) with sleeves ³ | <input type="checkbox"/> Swimwear |
| <input type="checkbox"/> Lightweight long pants (i.e., khakis) or jeans ³ | <input type="checkbox"/> Combination Lock/Key Lock |
| <input type="checkbox"/> Old white T- shirt for solo flight (SunFlight) | <input type="checkbox"/> Sunglasses |
| <input type="checkbox"/> Socks ³ | <input type="checkbox"/> Spending money (\$100.00 - \$150.00/week) |
| <input type="checkbox"/> Walking shoes and/or tennis shoes | <input type="checkbox"/> Camera |
| <input type="checkbox"/> Watch | <input type="checkbox"/> Bed Linen/Pillow/Blanket for Twin size bed |
| <input type="checkbox"/> Book bag | <input type="checkbox"/> Towels (Beach & Bath) |
| <input type="checkbox"/> Original Passport or Birth Certificate with
valid Government issued picture ID ¹ | <input type="checkbox"/> Phone |
| <input type="checkbox"/> Trash Can/Cleaning Supplies ⁴ | <input type="checkbox"/> Umbrella |
| | <input type="checkbox"/> Light jacket/Sweatshirt ³ |

¹**All SunFlight and Flight Exploration students must have at least a FAA Class II medical or FAA Class II Medical/student pilot certificate.** Please visit www.flightphysical.com or have your family doctor refer you to a FAA approved physician/facility in your area to obtain a medical/student pilot certificate.

²You are required to inform the Summer Academy of all medications (both prescribed and over-the-counter) and herbal supplements that you will bring with you or purchase while attending the Summer Academy.

³As per the ERAU Flight Operations Manual, all personnel, including students, staff, faculty, maintenance personnel, and visitor/guest observers engaged in the activities involving flying or observing in Embry-Riddle aircraft will, as a minimum, wear the following:

- Shoes and socks which fully cover the feet
- Long pants which fully cover the legs
- Sleeved shirts made of conventional fabric, which fully cover the torso (i.e., no tank tops, midriff shirts, or cut-off shirts). Unusually thin or open weave fabrics are not acceptable.

⁴The dorm rooms are not furnished with trash cans or cleaning supplies. You will be given trash bags, but you are responsible for your own cleanliness and upkeep of your dorm.

⁵ Headsets are available to rent for camp session.

⁶ **SUNFLIGHT PRIVATE & CUSTOM ONLY. All others will be confiscated.**