



U.S. AIR FORCE

US Air Force Youth Programs
Space Camp Application Form



Privacy Act of 1974

Authority: Title 10, United States Code, Section 8013

Principal Purposes: To obtain youth and family program eligibility and background information for proper assignment of the individual into activities and workshops; to contact participant’s parents/guardians in the event of an accident or illness; obtain sponsor consent for access to emergency medical care.

Routine Uses: To provide information to medical personnel in the absence of a parent; to notify the parents in case of emergency, to contact the youth’s parent’s/guardian relative to the youth’s participation in programs.

Disclosure: Disclosure of requested information is mandatory.



LIVE GREEN: Please complete electronically and digitally sign without printing, if possible.

When first academy choice is not available, second academy choice will be selected

PARTICIPANT INFO			
First Name:		Last Name:	
		Male: Female:	
Age on 31 May 17:	Installation:	Name you wish to be called:	Adult Shirt Size:
Current Grade:	Cumulative GPA:	Sponsor’s Status (Check One):	
Parent E-Mail Address for all correspondence:		<input type="checkbox"/> AD assigned/living/working on an AF/AF-led JB	
Has your sponsor been deployed within the last 6 months?:		<input type="checkbox"/> Retired Air Force <input type="checkbox"/> AF Civilian (APF/NAF)	
		<input type="checkbox"/> Air Force Reserve Air National Guard	
Parent/Guardian Information		Additional Emergency Contact	
Sponsor Name:	Parent/Guardian Name:	Contact Name:	
Phone Number:	Phone Number:	Phone Number:	
MEDICAL			
I hereby authorize my child to receive emergency medical treatment whenever it is deemed necessary at any U.S. Military Facility or any other medical facility when a U.S. Military Medical Facility is not available.			
Health Insurance:		Policy Number:	
1. List any medical conditions, allergies, and medications which may require camp staff awareness. All medications must be prescribed by a physician and have written directions for administration (number of times per day, amount of medication to be administered). Provide the instructions below to supplement those indicated on the prescription bottle. Indicate any medications which require special storage:			
2. List special dietary or physical accommodation requirements:			
I understand and to the best of my knowledge all of the information stated herein this document is true and accurate.			
_____ Signature of Parent/Guardian			



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WAIVER

In consideration of my child's participation, **I hereby release and hold harmless** the Armed Services and/or any of their employees, instructors or agents, **from any and all present and future claims, actions, or suits**, for any property damage, personal injury, or wrongful death, arising as a result of my child engaging in any Air Force Youth Programs Camp activities or any activities incidental thereto, whatever, whenever, or however the same may occur. **I also hereby voluntarily waive the right to pursue any and all such claims, actions, or suits** that may be made by me, my family, estate, heirs, or assigns.

I am expressly aware that the Air Force Youth Programs camps' schedule of events will include classroom activities, instruction, tours, recreational programs, group outings and some potentially high risk outdoor experiences. Inherent in these activities is the possibility of certain physical risk that can cause injury. I understand that participation will require travel to and from the program site. I also understand that the program will require travel to and from the various locations within the area. My child is voluntarily participating in this activity with knowledge of the potential risk and potential injury involved and I hereby agree to accept any and all inherent risk of property damage, personal injury, or death.

I understand that this waiver is intended to be as broad and inclusive as permitted and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect.

I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me against the United States Armed Forces, its employees, instructors and agents.

I understand and to the best of my knowledge all of the information stated herein this document is true and accurate.

Name of Participant (please print)

Signature of Parent/Guardian

YOUTH CODE of ETHICS (must be reviewed/understood with youth/teen applicant)

- I will be courteous and respectful towards others and I agree to value and respect others' ideas.
- I will attend and actively participate in all sessions and activities during the program.
- I will conduct myself in a professional manner at all times.
- I will not use alcohol, tobacco, or drugs as I will be a role model and represent my installation and AF.
- I will follow guidance provided by all Air Force Youth Development staff.
- I understand that if I am required to return home because of misbehavior that any additional airfare cost incurred will be the responsibility of myself and my parents.

My child and I understand and hereby agree to abide by the above Code of Ethics.

I consent to print / online publication; use of photographs and video; and information contained in this application form by the USAF.

Signature of Parent/Guardian:

VERIFICATION of ELIGIBILITY

YP Directors, designees or Guard/ Reserve Representatives can serve as Verification Officials. Please conduct a final verification of the youth/teen's eligibility for participation in AF Youth Program Camps. For verifying eligibility it is recommended to use the ID card.

I have confirmed that this youth is eligible through his/her affiliation with the Air Force.

Name/Position of Verification Official

Phone Number

Signature of Verification Official



Name:

Installation:

RESUME (all applicants must complete this section-do not include any certificates/attachments)

School Sponsored Extracurricular and Leadership Activities:

Please indicate the **school-sponsored extracurricular activities and leadership position(s)** that you have actively participated in or held during the past 12 months (include dates, achievements/awards earned, participation hours):

Non-School Sponsored Extracurricular and Leadership Activities:

Please indicate the **activities and leadership position(s)** that you have actively participated in or held outside of school (e.g., sport teams, clubs, youth programs, scouts, church) during the past 12 months (include dates, achievements/awards earned, participation hours):

Honors/Awards (last 2 years):

Please list honors/awards/scholarships (e.g., Eagle Scout, Gold Award, Church, School) and the year(s) you received the aforementioned honor:

Community Service Projects (last 2 years):

Please list any community service projects and hours in which you have actively participated:

ESSAYS

Essay 1: Why do you want to attend this camp? How do you feel this will benefit you in the future?

Essay 2: There are debates on whether Americans actually landed on the moon. What are your thoughts on this debate and why?