

Organization of Black Airline Pilots' / Shawnee Advanced Ace Camp

Louisville, KY July 27-31, 2009



Advanced Camp

Fee: \$150

The advanced camp is designed to provide a more in-depth look at the aviation industry for students who truly want to continue their dreams. This program will provide a more in-depth classroom discussion, campus visit to nearby college/university and hopefully 2-3 flights in a small airplane. The target group is 14-17 years old (approximately 20-25 students).

Student Information

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Student's Grade Level in Fall of 2009: _____

Student's School in Fall of 2009: _____

Student's Current GPA: _____ Did you participate in last year's camp? Yes No

Male Female Student's shirt size: AS AM AL AXL A2XL

How did the student find out about the camp? _____

List community activities, hobbies and interests: _____

Please describe why you would like to attend our Summer Aviation Camp. If you need more room or would like to type your response, just attach to this application.

Please make sure your parent or guardian completes the second page

Student's Name: _____

Parents / Guardian Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home # _____ Work # _____ Cell / Other # _____

Email: _____

Emergency Contact (other than parent or guardian)

Name: _____ Relationship to student: _____

Phone: (_____) _____ Cell / Other # _____

Student's Medical History

Does the student have any health concerns/allergies that we need to be aware of? Yes No

If yes, please explain: _____

Does the student have any dietary needs / food allergies that we need to be aware of? _____

The undersigned ("Participant") hereby acknowledges that he/she has voluntarily chosen to participate in the summer aviation camp sponsored by the Organization of Black Airline Pilots' ("OBAP"). Participant acknowledges and understands that the OBAP summer aviation camp will involve strenuous physical activity that could potentially be dangerous or harmful. Participant has chosen to participate in the camp voluntarily, with the full knowledge of this potential danger and harm. By signing this document, Participant represents and warrants that he/she does not have any physical condition which could be aggravated or worsened by strenuous physical activity or stress. In consideration of OBAP permitting Participant to participate in this summer aviation camp, Participant waives all claims, demands, actions, causes of action, and liabilities of any kind or nature, whether based in law or in equity, against OBAP, including without limitation, its parent and its successors, subsidiaries and affiliates ("Affiliated Companies") arising out of or in any way related to the OBAP summer aviation camp or Participant's participation in the event, including without limitation claims for physical or other personal injury ("Claims"). Participant releases OBAP and its Affiliated Companies from such Claims, regardless of when such Claims arise or when Participant discovers any injury or damage that does or may give rise to such Claims.

I hereby give consent for my child to participate in the 2009 OBAP Summer Aviation Camp and travel on all field trips.

Mother / Guardian's Signature

Print Name

Date

Father / Guardian's Signature

Print Name

Date

***All applications must be returned to
Shawnee High School no later than April
1st, 2009 (address found on the right)**

Shawnee High School
Attn: Will Vandermeer
4018 West Market St.
Louisville, KY 40212
502-485-8326