



2019 STARBASE APPLICATION (SUMMER PROGRAM)

SOUTH BURLINGTON (VTANG) SITE

Child's Name: _____
Last First Middle

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work: (_____) _____

Email: _____

(used for Starbase Summer Program Notifications only)

Sex (M or F): _____ Age: _____

School: _____ School District: _____

Grade child will be entering in the Fall: _____

Has your child previously attended or is your child scheduled to attend STARBASE? _____

If Yes, what month and year? _____

Vermont National Guard sponsor's unit, location and service: _____

The 2018 STARBASE Guard Summer Program will be held at the Vermont Air National Guard (VTANG) in South Burlington from July 29th – August 2nd, 2019. The program runs from 9:00am to 2:00pm.

NOTE: The STARBASE Summer Program is offered as a 'Thank You' for the support we receive from the Vermont National Guard. Children who apply should be a dependant of a member of the Vermont National Guard or Military Department. Preference for the Summer Program is given to children entering 6th grade this fall and who have not attended STARBASE before.



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Student Name: _____

Are there any health issues we should be aware of? If so, please list them and any precautions that should be taken (use additional paper if necessary).

Please provide us below with any specific instructions you would like us to follow in case of illness or accident (use additional paper if necessary).

In case of emergency, notify: Name (print) _____

Phone _____ Relation to student: _____

Statement of Understanding and Hold Harmless Agreement

1. Statement of Understanding and Waiver of Liability. STARBASE is designed to be a fun, hands-on learning situation involving activities such as supervised model rocket launches, computer work, and tours of aircraft and other work areas. The program is completely voluntary, and no student will be required to participate by STARBASE staff or school personnel. I agree not to hold STARBASE Vermont, its sponsoring-agencies, and/or its staff or representatives liable in any way for mishaps which could occur due to the nature of the activity in which my child is engaged. In the event of an accident, illness, or injury, and the person(s) listed above cannot be reached; I hereby give STARBASE Vermont personnel permission to take action as deemed necessary in the best interest of my child. I also understand that the STARBASE Vermont staff reserves the right to terminate the participation of any student when it is deemed in the best interest of either the student or STARBASE Vermont. Further, I will take responsibility for any damage caused by my child.

2. Media/Photo/Video Release. I grant the right of STARBASE Vermont to use any photographs, videos or interviews taken in conjunction with STARBASE to be used to promote the STARBASE program.

I certify that I have read, understand and agree with the above statements in paragraphs 1 and 2.

Parent/Guardian Name: (please print) _____

Signature: _____ Date: _____

If you have any questions please call South Burlington 802-660-5201.