



**The Winchester STARBASE Academy
STUDENT APPLICATION/PERMISSION FORM**

Please type or print clearly and return to your child's teacher.

Child's Name _____

Parent Name(s) _____

Street Address _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Cell Phone () _____

Parent email address: _____

School Name _____ District _____

Grade _____ Age _____ Male _____ Female _____ Non-binary _____

EMERGENCY INFORMATION:

Parent(s) will be contacted first; in case a parent cannot be reached:

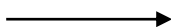
Person to contact in case of an emergency _____

Emergency Telephone () _____

Please note any medical concerns (prescription drugs, illnesses, etc.) or other special issues, which a chaperone should know.

In case of an emergency, I authorize **STARBASE** and/or accompanying chaperone to obtain medical aid for my child or ward, if they deem necessary. I agree the cost of such medical care is my responsibility.

(Over please – Read Notice of Release and Liability and Sign the form)



NOTICE AND RELEASE OF LIABILITY

In the event of an accident illness or injury, and the persons on the first page cannot be reached, I hereby give STARBASE personnel permission to take action as deemed in the best interest of my child.

I hereby grant permission for my child or ward to participate in the STARBASE program and its affiliated activities, including supervised use of teacher selected websites, permission for photography and videotaping for promotional purposes. I hereby waive any monetary or other rights that my child or I may have to inspect and/or to approve the finished product of the advertising copy that may be used in connection with the use to which it may be applied. I hereby consent to the release of said portraits, pictures, videotapes, or motion pictures, to other broadcast media, such as non-governmental television, cable, or radio stations. I further assign to the said organizations all right and title and interest in the above described videotape recording, motion pictures, or photographs for any further use in the area of motion pictures videotapes, publicity pictures, etc. I understand and agree that said organizations might maintain videotape recordings, photographs, etc. for training purposes and archives.

I understand this program is an educational experience with hands-on activities, teamwork and building of self-confidence. Students may take a pretest before attending STARBASE and a posttest on the last day of attendance. These assessments are used for research purposes to determine the effectiveness of STARBASE instructional methods. This program also entails visits to military work areas around heavy equipment, and other military items. I take full responsibility for any damage that might occur to government/STARBASE property caused by my child. I agree not to hold the US Government, Virginia Department of Military Affairs, Veterans Affairs, Virginia National Guard, National Guard, The Winchester STARBASE Academy, sponsoring agencies, any 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 or should injury/death or disability result from participation in STARBASE. I also understand that the STARBASE staff reserves the right to terminate the participation of my child when it is deemed to be in the best interest of either the child, or the STARBASE academy, as determined by the STARBASE staff.

I understand there are inherent medical risks associated with entering a public facility. Mask wearing may be required, depending upon the CDC guidelines. The STARBASE program follows stringent cleaning requirements to minimize the risks to students, chaperones, and staff. I acknowledge and assume the risks associated with entering the Winchester Readiness Center and the STARBASE classrooms during the COVID-19 pandemic, including but not limited to contracting the COVID-19 virus.

I, therefore, agree to assume any and all risk for my child to be involved in the STARBASE program and other activities related directly or indirectly to it. I further understand that I may ask any and all questions prior to signing this consent form.

Parent's /Guardian's Signature _____ Date _____

Signature is required. Unsigned applications will not be accepted. Return this application to your child's classroom teacher.