



# 2019 ACE CAMP APPLICATION

## STUDENT INFORMATION

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Gender: Male Female Age \_\_\_\_\_ T-Shirt Size: S M L XL XXL

How did you find out about the camp?

List community activities, hobbies and interests:

Why would you like to attend the Ace Camp?

## APPLICANT'S MEDICAL HISTORY

Are there any health concerns? Allergies/Dietary Needs?  
If yes, please explain:

## APPLICANT'S SIGNATURE

Your signature acknowledges that you are committed to attend the full week program.

\_\_\_\_\_  
Signature Print Name Date

**PARENTS/GUARDIAN**

**DISCLAIMER and SIGNATURE**

The San Antonio ACE Academy is sponsored by the Federal Aviation Administration (FAA) and conducted by the San Antonio Chapter of the Organization of Black Aerospace Professionals, Inc. (OBAP). The student hereby acknowledges that he/she has voluntarily chosen to participate in this summer aviation camp. Participant acknowledges that the camp will involve outdoor as well as indoor activities. By signing this document, participant represents and warrants that he/she does not have any physical condition which could be aggravated or worsened by physical activity or stress. In consideration of OBAP permitting participant to take part in this aviation camp, the student waives all claims, demands, actions, causes of action, and liabilities of any kind or nature, whether base 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 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 San Antonio Aviation Career Education (ACE) Camp and travel on all field trips.

Parent/Guardian  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Print  
Name \_\_\_\_\_

Emergency Phone  
number \_\_\_\_\_

**MAIL APPLICATION TO:**

**San Antonio ACE Camp  
PO Box 460106  
San Antonio, TX 78246**

**Completion of this section is voluntary and used to determine how well the program serves all segments of the population.**

AFRICAN AMERICAN\_\_\_\_ NATIVE AMERICAN\_\_\_\_ HISPANIC\_\_\_\_ CAUCASIAN\_\_\_\_ ASIAN AMERICAN\_\_\_\_