



**SUMMER PROGRAMS**  
**ENROLLMENT PACKET**  
**2022**



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## Due Dates

Now that your online application is complete, we require the completion and submittal of the enrollment packet to finalize your spot in the program.

Within 30 days of registration, we require the following documents to be submitted

- ☐ Completed Enrollment Packet
- ☐ Immunization Record.
  - Copy from physician preferred. Will accept a photocopy. See page 10.
- ☐ Proof of Medical Insurance
  - See page 7

## Form Submission

### Required Documentation

The enrollment packet must be submitted with the following pages filled out to completion. Please use this checklist to assure you have the required documents. Partially completed enrollment packets will not be accepted.

#### Form Documentation Checklist

- ☐ Waiver and Release Form for Minor Participation (page 5)
- ☐ Contact Information (Page 6-7)
- ☐ Medical Information (Page 8-13)
- ☐ Media Consent Form (Page 15)
- ☐ Summer Programs Rules (Page 16-17)
- ☐ Student Travel Itinerary (page 19)
- ☐ Prohibited items Acknowledgement (page 21)
  
- ☐ *Immunization Record/Immunization waiver form (separate document)*
- ☐ *Proof of Medical Insurance (separate document)*



## Submission

Completed forms can be returned by the following means

1. Email [prsummer@erau.edu](mailto:prsummer@erau.edu)

Write the following in the subject line:

{First and last name of student}, Enrollment Packet, {Name of camp enrolling in}

Scan and attach the completed enrollment packet to the email as well as other documents required on the checklist that are not a part of this packet.

If you fill out and sign the PDF electronically simply save the file and attach it to the email.

If you print out the document to sign/fill manually, you only need to scan and email the pages listed under the “Form Documentation Checklist” on Page 3 and use Page 3 as the cover page.

2. Mail to the following address

Embry-Riddle Aeronautical University  
ATTN: Summer Programs  
3700 Willow Creek Rd. Prescott AZ 86301

You only need to mail the pages in this packet listed on page 3 under the “Form Documentation Checklist” and use page 3 as the over page for your completed packet.



## Waiver and Release Form for Minor Participation

This waiver and release is presented to me by **Embry-Riddle Aeronautical University** ("ERAU") located at 3700 Willow Creek Road, Prescott, AZ 86301 for my participation in the \_\_\_\_\_

(Program Name)

in Prescott, AZ from \_\_\_\_\_, and I agree to abide by the following:  
(Dates of Program)

For myself, my estate, assigns and representatives, I hereby release, indemnify, hold harmless and forever discharge ERAU, its trustees, officers, employees, and agents from any and all claims, liability, demands, lawsuits, and causes of action of any kind or nature, known or unknown, that I have or may have, arising from or related to my participation in this event. I understand that activities, of which I will take part on a voluntary basis, can be dangerous and may cause or lead to injuries, including but not limited to, broken bones, concussions, comatose state and other very serious bodily injuries up to and including death.

In consideration of ERAU's permission for me to participate in this event, I, for myself, my estate, assigns and representatives, hereby waive any and all claims of any kind or nature, known or unknown, for damages, injuries or losses to myself or my property arising from or related to my voluntary participation in this event. Unless required by law or valid order of court, I shall not file, allow to be filed, consent to, or cooperate with any claim, cause of action, lawsuit, or demand of any kind or nature for injuries or losses to or by me arising from or related to my volunteer participation in this event, and shall on demand defend and indemnify ERAU for any cost or expense associated therewith. I hereby consent that ERAU or its agent may arrange for or provide emergency medical care that appears reasonably necessary, or transportation to such care. I understand and agree that neither ERAU, nor its trustees, officers, employees, or agents shall provide medical insurance, nor will they pay any medical cost or expense incurred by me. I shall be responsible for the payment of all such expenses, including the costs of transportation or hospitalization. **ERAU, therefore, strongly recommends that I obtain my own personal insurance sufficient to cover any related injuries or damage, and I hereby acknowledge that recommendation.**

I acknowledge that I am sufficiently fit to participate in this activity, and that I may examine the facilities where the activity shall take place. My participation shall be conclusive proof that I was satisfied with the safety and condition of the premises.

Participant's Signature

Printed Name

Date

### PARENT/GUARDIAN OF MINORS

I understand, acknowledge, and agree with the provisions above.

Parent/Guardian Signature

Printed Name of Parent/Guardian

Date



## Contact Information

### Student Information

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

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

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

D.O.B. : \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M / F T-Shirt Size: \_\_\_\_\_

### Parent/Guardian Information

Parent (Guardian) 1 Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

  

Parent (Guardian) 2 Name: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_



## Emergency Contact

If Parent/Guardian is not available in an emergency, we will contact the following individuals

### Emergency Contact 1

Name: \_\_\_\_\_

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

Relationship to Student: \_\_\_\_\_

### Emergency Contact 2

Name: \_\_\_\_\_

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

Relationship to Student: \_\_\_\_\_





## Medical Information

### Medical Release of Liability Form

Name of Health Insurance Company:

\_\_\_\_\_

Policy Number: \_\_\_\_\_

Group #: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Policy Holder D.O.B: \_\_\_\_\_

If you do not have medical insurance, please contact our office at (928) 777-3956 for a waiver

*I hereby authorize the staff of Embry-Riddle Aeronautical University to arrange for health care, emergency transport and treatment, and/or hospitalization and at an accredited hospital or other medical, psychological, or dental care facility when considered necessary by the University Staff.*

*I further authorize the staff of Embry-Riddle Aeronautical University to medically treat my child in the event of illness or injury sustained in my absence while he or she is participating in the ERAU Program. Medical treatment will be administered at an accredited hospital or other medical or dental care facility when considered necessary.*

*If my child needs medical attention while attending a summer program, I understand that ERAU will make every effort possible to have him/her treated under the above insurance policy. However, in the extent that the insurance policy does not cover treatment, I understand that I am fully responsible for all medical charges and follow up as a result of my child's care while on campus. The closest hospital to ERAU Prescott is about 10 minutes away and is called Yavapai Regional Medical Center in Prescott, Arizona. If there is an emergency, campers will be taken to YRMC's emergency department for treatment.*

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Student Medical Information

### Health Questionnaire

*If "yes", provide details on the provided line*

Do you wear prescription lenses or contacts? Yes ☐ No ☐

---

Are you prone to motion sickness? Yes ☐ No ☐

---

Have you ever had any major surgery? Yes ☐ No ☐

---

Are you currently being treated for any medical or emotional conditions? Yes ☐ No ☐

---

Do you have any disabilities or functional limitations? Yes ☐ No ☐

---

Do you have any conditions that would require restricted activity? Yes ☐ No ☐

---



Do you have a chronic or  
reoccurring illness?

Yes ☐ No ☐

---

Do you have any known food  
allergies or sensitivities?

Yes ☐ No ☐

---

Do you require a special diet?

Yes ☐ No ☐

---

Do you have any allergies to  
medication, insect stings, or  
plants?

Yes ☐ No ☐

---

*Individuals with chronic medical conditions or special health care needs are encouraged to attach a statement with recommendations from their personal physician/healthcare provider.*



### Students Physician

Office Name: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

### Students Dentist

Office Name: \_\_\_\_\_

Dentist Name: \_\_\_\_\_

Dentist Phone: \_\_\_\_\_

### Proof of Immunization

All students are required to have received the following vaccines in order to participate in our programs.

- ☐ MMR (two doses)
- ☐ Hepatitis B (three doses)
- ☐ Meningitis

If the student has yet to receive the vaccines listed above, complete with a physician at least 30 days prior to the start of the program.

You can also request a vaccine waiver by calling 928-777-3956

**Submission of proof of vaccination and/or vaccine waiver is required and must accompany the enrollment packet.**



## Over the Counter Medications Waiver and Consent Form

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Over-the-Counter (OTC) Medication may at times need to be administered, if approval is indicated by the student's parent or guardian. Program staff reserves the right to use generic equivalents when available for the name brand over-the-counter medications listed below.

**Please check YES on all approved medications. Note: Unless we have parental authorization, we cannot administer ANY medications.**

I hereby authorize that the following medications, may be given to the Student if the need arise. You may dispense only those checked "Yes":	Yes	No
Ointments for minor wound care, first aid as directed (Antiseptic, anti-itching, anti-sting, antibiotic, and sunburn).		
Tylenol/Acetaminophen as directed.		
Ibuprofen as directed.		
Throat lozenges for sore throat.		
Kaopectate or Imodium for diarrhea as directed.		
Milk of Magnesia, Pepto Bismol, or Mylanta for upset stomach or nausea as directed.		
Rolaids or Tums for acid reflux, heartburn, or indigestion as directed.		
Benadryl for swelling, hives, allergic reaction, as directed.		
Actifed or Sudafed as directed for nasal congestion or allergy relief.		
Visine or other eye drops for minor eye irritation.		
Robitussin or other cough syrup as directed.		
Calamine lotion for bug bites and poison ivy/oak.		
Sunscreen		
Bug Repellant		

*I understand that such administration will not be done under the supervisions of medical personnel. I also agree that any first aid treatment may be given as needed.*

*Any condition which is associated with fever, significant inflammation, and/or does not respond to the above outlined treatment will be followed-up by a consultation with the student's parents. Parent/guardian will be contacted if any conditions develop requiring treatment with any of the above over the counter medications that are not checked.*

*I understand that these over-the-counter medications are not necessarily kept on hand and available to be administered immediately.*

*I authorize the administration of over-the-counter medications to my child as indicated above. I shall indemnify and hold harmless the program staff, Embry-Riddle Aeronautical University, Administrations, Faculty, Staff, Student Leaders, and all other officers, directors, employees, and agents against any claims that may arise relating to my child being administered the above indicated over-the-counter medications. I/WE have legal authority to consent the medical treatment for the student named above, including the administration of medication at the above referenced program.*

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

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



## Self-Administered Medication Form Page 1

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Read the following and check the box that applies to you

- ☐ My child will not be taking any prescribed medications while attending the Embry-Riddle Summer Program
- ☐ I hereby authorize Embry-Riddle Aeronautical University Summer Programs to allow my child, \_\_\_\_\_, to self-administer prescribed medications listed on "Self-Administered Medication Form Page 2" on page 12

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

## Guidelines

- All medications brought onto campus MUST be on "Self-Administered Medication Form Page 2".
- If a student is not able to self-administer their medication, a private nurse must be employed to administer medication, which will be the responsibility of the family.

## Process

- When students arrive on campus an Embry-Riddle Summer Programs Staff Member will meet with them privately to go over the medication list.
- We will have the student put the medication(s) in a zip locked bag and write their name on it (or you can send them with their meds already in a zip-lock bag).
- All prescribed medications (except for inhalers and epi-pins) will be locked in a personal safe located in the residence hall. Only your student will have the combination.
- Summer Programs Staff will have a key if the safe needs to be opened in an emergency
- A Summer Programs Staff Member will arrange to meet your student at the medication safe where your student will take out the medication needed, self-administer, and then replace it back in the safe.
- No Summer Programs Staff Member will ever handle or distribute any medications at any time.
- Upon departure, Summer Programs Staff will ensure the medication(s) are removed by your student and not left behind.



## Self-Administered Medication Form Page 2

Name of medication \_\_\_\_\_

Prescription # (if Over the Counter, write OTC): \_\_\_\_\_

Method of Administration (oral, injection, etc.): \_\_\_\_\_

Amount to be taken: \_\_\_\_\_ Dosage Frequency: \_\_\_\_\_

Time(s) of day to be taken: \_\_\_\_\_ Expected duration of treatment: \_\_\_\_\_

Physician's name (must be on the label): \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Name of medication \_\_\_\_\_

Prescription # (if Over the Counter, write OTC): \_\_\_\_\_

Method of Administration (oral, injection, etc.): \_\_\_\_\_

Amount to be taken: \_\_\_\_\_ Dosage Frequency: \_\_\_\_\_

Time(s) of day to be taken: \_\_\_\_\_ Expected duration of treatment: \_\_\_\_\_

Physician's name (must be on the label): \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Name of medication \_\_\_\_\_

Prescription # (if Over the Counter, write OTC): \_\_\_\_\_

Method of Administration (oral, injection, etc.): \_\_\_\_\_

Amount to be taken: \_\_\_\_\_ Dosage Frequency: \_\_\_\_\_

Time(s) of day to be taken: \_\_\_\_\_ Expected duration of treatment: \_\_\_\_\_

Physician's name (must be on the label): \_\_\_\_\_

Reason for medication: \_\_\_\_\_



## Media Consent Form

Check one of two following boxes that apply to you

☐ I, \_\_\_\_\_, **consent/grant** Embry-Riddle Aeronautical  
[Parent/Guardian]  
University and the Summer Programs Office of ERAU, permission to photograph and/or  
record my child \_\_\_\_\_, and hereby consent to any  
[Student's Name]  
and all uses of photographs/video of said child (with or without the use of my child's  
name) taken by Embry-Riddle Aeronautical University or its designees, including any  
agency, client, or periodical, for the purpose of advertising, trade, display, editorial, art,  
or exhibition connected to the University. In giving this consent, I release the University  
and its designees from liability for any violation of any personal proprietary right I may  
have in connection with such sale, reproduction, or use.

☐ I \_\_\_\_\_ **DO NOT consent/grant** Embry-Riddle permission  
[Parent/Guardian]  
to photograph and/or record my child \_\_\_\_\_.  
[Student's Name]

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

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





## Summer Programs Rules

**Participants and parent(s) or legal guardian(s) should review the following rules and regulations and must agree to the conditions set forth for participants. Initial each rule and sign on the next page.**

*Initials*

- \_\_\_\_\_ 1. Participant understands that the Embry-Riddle Summer Programs are residential in nature and agrees to participate for the full duration of the program.
- \_\_\_\_\_ 2. Participant understands there are no visitors allowed for the duration of the program, including family members.
- \_\_\_\_\_ 3. Participant agrees to be courteous and respectful to professors, staff, and other participants.
- \_\_\_\_\_ 4. Participant will not use any cell phone, gaming device, or other electronic devices including headphones, earbuds, etc., while in any class or lab session. Doing so will result confiscation and secure retention of the item in violation by Embry-Riddle Summer Programs Staff until the completion of the program.
- \_\_\_\_\_ 5. Participant will not partake in hazing or bullying of any kind. This includes the planning of or act of pranking. Engaging in any of the aforementioned behaviors may result in expulsion from the program at the participants parent/guardian's expense.
- \_\_\_\_\_ 6. Participant understands that climbing and or rappelling on any property on the Embry-Riddle Campus is prohibited. They also understand that there is a \$100.00 fine for climbing through windows (except in case of emergency) and a \$50.00 fine for removal of any window screen.
- \_\_\_\_\_ 7. Participant understands that they are expected to comply with reasonable instructions of any University staff member, including security personnel and resident staff. They understand that failure to do so may result in expulsion from the program at the participants parent/guardians expense.
- \_\_\_\_\_ 8. Participant understands that cohabitation is not permitted in any of the residence on the University's campus. Participant will **not** enter a room assigned to anyone of the opposite sex and understands that doing so may result in expulsion from the program at the participants parent/guardian's expense.
- \_\_\_\_\_ 9. Participant understands that alcohol is not permitted on campus in connection with Summer Programs. The possession of alcohol may result in expulsion from the program at the participants parent/guardian's expense.
- \_\_\_\_\_ 10. Participant understands that the use, sale, and/or possession of illegal drugs is prohibited. The University is required by law to enforce State and Federal Alcohol Use Programs under the Drug Free Schools Act. Federal and State laws specify that persons involved in the use, sale, or



distribution of illegal drugs are liable to criminal action, including arrest, fines, and imprisonment.

- \_\_\_\_\_ 11. Participant understands that smoking, vaping, and the possession of tobacco/and or smoking paraphernalia, including e-cigarettes on campus is prohibited. The possession of the aforementioned items may result in possible expulsion from the program at the participants parent/guardian's expense.
- \_\_\_\_\_ 12. The participant understands that the use or possession of firearms, ammunition, and/or weapons, including air-type weapons, is prohibited on the Embry-Riddle campus. These items include, but are not limited to, slingshots, BB guns, paint ball guns, pellet guns, blow dart guns, knives, multi tools, cross bow, bow and arrow, or any other projectile firing device. The possession of the aforementioned items may result in confiscation of the item and expulsion from the program at the participants parent/guardian's expense.
- \_\_\_\_\_ 13. Participant understands that any damages caused by a participant while he/she is on University premises will be charged to the participant/family and may result in disciplinary action and possible expulsion from the program at the participants parent/guardian's expense.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

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



## Travel

### Shuttle and Airport Information

#### Shuttle Services

##### *From Phoenix Sky Harbor Airport and Prescott Airport*

Students are responsible for their own transportation to ERAU Prescott Summer Programs from the Phoenix airport.

For students flying into Sky Harbor in Phoenix, Arizona, we recommend the Groome Shuttle to travel to campus.

If they are using a shuttle service, door to door service is required. When making your reservation, request service to/from Embry- Riddle.

An Embry Riddle Staff member will pick up your student from the drop off location to take them to Check-in.

##### **Groome Shuttle**

(800) 888-2749

24-hour reservation line

<http://arizonashuttle.com/cities/prescott>

##### **Fly-U Shuttle**

(928) 445- 8880

7:00 AM- 10.00PM

<http://FlyUShuttle.com>

### Flight Information

##### *United Airlines*

United Airline offers air service to Prescott Regional Airport. Flights depart from Los Angeles, CA and Denver, CO. For Reservations, visit [www.United.com](http://www.United.com), or call, 1-800-864-8331

Prescott Regional Airport – PRC

Denver International Airport – DEN

Los Angeles International Airport – LAX

##### *Personal Aircraft*

If you will be traveling by private plane to the Prescott Regional Airport, please alert our office at 928-777-3956 of your estimated arrival time and tail number, and location of arrival.



## Student Travel Itinerary Form

Student's Name: \_\_\_\_\_ Program Attending: \_\_\_\_\_

## Arrival

Student will arrive on campus by:

- ☐ **Car** ☐ Student is driving themselves

Driver's Name: \_\_\_\_\_

Driver's Cell: \_\_\_\_\_

Expected Arrival Time: \_\_\_\_\_

- ☐ **Phoenix Sky Harbor Airport**

Airline: \_\_\_\_\_

Flight #: \_\_\_\_\_ Flight Arrival Time: \_\_\_\_\_

Shuttle Co. /Driver's Name: \_\_\_\_\_

If Driver, Cell: \_\_\_\_\_

Expected Arrival Time (as given by Shuttle Co.): \_\_\_\_\_

- ☐ **United or Personal Plane to Prescott Airport**

Flight #: \_\_\_\_\_ Flight Arrival Time: \_\_\_\_\_

## Departure

All students must be off campus by 3:00pm on Fridays (except Aviation Discovery Camp)

- ☐ **Car** ☐ Student is driving themselves

Driver's Name: \_\_\_\_\_

Driver's Cell: \_\_\_\_\_

Expected Departure Time: \_\_\_\_\_

- ☐ **Phoenix Sky Harbor Airport**

Airline: \_\_\_\_\_

Flight #: \_\_\_\_\_ Flight Arrival Time: \_\_\_\_\_

Shuttle Co. /Driver's Name: \_\_\_\_\_

If Driver, Cell: \_\_\_\_\_

Expected Departure Time: \_\_\_\_\_

- ☐ **United/Sky West Air or Personal Plane From Prescott Airport\***

Flight #: \_\_\_\_\_ Flight Departure Time: \_\_\_\_\_

Please contact the Summer Programs Office at (928) 777-3956 to make arrangements for our staff to pick up/drop off those flying in/out of Prescott Airport.



## Packing Checklist

- ☐ Cell phone and charger
- ☐ Medications
- ☐ Toiletries including soap, shampoo, conditioner
- ☐ Rain jacket and/or umbrella
- ☐ Spending money (vending machine, souvenirs, snacks, etc.)
- ☐ Linens: sleeping bag/sheets/blankets, pillow, bathing towels
  - Linens are available to rent in a limited supply for those who need them

Suggested attire: shorts, tee shirt, jeans, tennis shoes. Be sure to check the weather

## Flight Student Checklist

- ☐ Proof of citizenship (see page 23)
- ☐ Long pants
- ☐ Closed toe shoes
- ☐ Sunglasses

## Linen Rental

Bringing your own linens is highly recommended, limited supply is available to rent for \$30.00.

Linen packets include the following:

- 2 sheets
- 1 blanket
- Pillow
- Pillowcase
- Washcloth
- Hand towel
- Bath towel
- Bathmat

Linens are not replaced or washed during your stay



## Prohibited Items Acknowledgement Form

- Alcohol and alcohol paraphernalia
- Drugs and drug paraphernalia
- Tobacco products and smoking paraphernalia (including E-Cigarettes)
- Flammables (lighters, matches, fireworks, rockets, explosives)
- Firearms (real or fake)
- Edged weapons (knives, swords, etc.)

Any of the above-mentioned items found in the possession of a student in an Embry-Riddle Summer Program while that student is involved in said program shall be confiscated by Embry-Riddle Summer Programs staff for the duration of the program. We cannot guarantee the return of the prohibited item to the owner at the end of the Summer Program experience.

We strongly recommend not bringing valuable items such as but not limited to jewelry and expensive watches to the Summer Program. Embry-Riddle Aeronautical University and Embry-Riddle Summer Programs are not responsible for lost or stolen items on Embry-Riddle Aeronautical University property.

Your signature acknowledges your understanding and compliance with the rules and advisories stated above

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

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



## Schedule

Camps	Dates
Flight Exploration Camp Alpha Drone Camp Game Design Camp	Monday June 6 <sup>th</sup> – Friday June 10 <sup>th</sup>
Flight Exploration Camp Bravo Robotics Camp Next Level Flight Camp	Monday June 13 <sup>th</sup> – Friday June 17 <sup>th</sup>
Flight Exploration Camp Charlie Aeronautical Engineering Camp	Monday June 20 <sup>th</sup> – Friday June 24 <sup>th</sup>
Cyber Camp	Monday June 27 <sup>th</sup> – Thursday June 30 <sup>th</sup>
Aviation Discovery Camp	Monday June 27 <sup>th</sup> – Wednesday June 29 <sup>th</sup>
Flight Exploration Camp Delta Rocket Camp	Monday July 11 <sup>th</sup> – Friday July 15 <sup>th</sup>
Forensic Accounting and Fraud Camp	Monday July 11 <sup>th</sup> – Wednesday July 13 <sup>th</sup>
Flight Exploration Camp Echo Next Level Flight Camp Arduino	Monday July 18 <sup>th</sup> – Friday July 22 <sup>nd</sup>
Flight Exploration Camp Foxtrot	Monday July 25 <sup>th</sup> – Friday July 29 <sup>th</sup>

### Check-In and Check-Out (weeklong camps)

#### Check-In

Date: Sunday the week of your camp

Time: 12:00pm – 2:00pm

Location: Upon arrival on campus, signs will lead you to the check-in location.

We cannot accommodate students arriving a day early or staying a day late on campus. If a student enrolls in multiple camps in succession, they will not be able to remain on campus over the weekend.

#### Check-Out (weeklong camps)

Date: Friday the week of your camp (*except Aviation Discovery Camp, see below*)

Time: All students must be off campus by 3:00pm

Location: Upon arrival on campus, signs will lead you to the check-out location.



## Aviation Discovery

### Check-In

Date: Monday June 27th

Time: 7:00am – 9:00am

Location: Upon arrival on campus, signs will lead you to the check-in location

We cannot accommodate students arriving a day early or staying a day late on campus. If a student enrolls in multiple camps in succession, they will not be able to remain on campus over the weekend.

### Check-Out

Date: Wednesday June 27th

Time: All students must be off campus by 8:00pm

Location: Upon arrival on campus, signs will lead you to the check-out location

## Forensic Accounting and Fraud Camp

### Check-In

Date: Sunday July 11<sup>th</sup>

Time: 12:00pm – 2:00pm

Location: Upon arrival on campus, signs will lead you to the check-in location

We cannot accommodate students arriving a day early or staying a day late on campus. If a student enrolls in multiple camps in succession, they will not be able to remain on campus over the weekend

### Check-Out

Date: Wednesday July 13<sup>th</sup>

Time: 5:00pm - 6:00pm

Location: Upon arrival on campus, signs will lead you to the check-in location

We cannot accommodate students arriving a day early or staying a day late on campus. If a student enrolls in multiple camps in succession, they will not be able to remain on campus over the weekend





# Section II

## Flight Camps



Flight Exploration

Aviation Discovery

Next Level Flight

*The following information only pertains to students in flight camp programs. If you are not in a flight camp, ignore section II of the enrollment packet.*



## Flight Student Information

Important information and requirements only pertaining to

- Flight Exploration Camps (Alpha, Bravo, Charlie, Delta, Echo, Foxtrot)
- Next level Flight Camp
- Aviation Discovery Camp

### Required Documentation

Flight students must provide proof of citizenship. Must be an original documentation upon check in. Documents will be secured and returned upon check-out. Do not mail these documents, bring them in person to submit upon check-in.

### Accepted Documentation

1. Valid and signed United States passport
2. Original birth certificate from the United States of America, American Samoa, or Swains Island that is accompanied with a valid U.S. Government Issued photo ID
3. Original Certificate of Birth Abroad with raised seal (Form N-560 or N-561) accompanied by a valid U.S. Government issued photo ID
4. Certificate of Repatriation (Form N-581) accompanied by a valid U.S. Government issued photo ID
5. Original United States Naturalization Certificate with a raised seal (Form N-550 or N-570) accompanied by a valid U.S. Government issued photo ID

### International Flight Students

International flight students must bring a valid and signed Passport.

Per U.S. TSA regulation, international students will be permitted to fly however will not be able to log their flight hours.

### What is a U.S. Government Issued photo ID?

Accepted U.S. Government Issued photo identification are a

- Valid state driver's license
- Valid state identification card

*School issued identification cards will not be accepted*

### Clothing Requirements

Flight students must wear closed toe shoes and pants to fly. Plan to fly 5 days.



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