



**STARBASE ROBINS Summer Academy  
Registration Form**

**Mail to: STARBASE ROBINS  
at the Museum of Aviation  
P.O. Box 2469  
Warner Robins, GA 31099**

**For more information, please call (478) 926-1769 or visit [www.starbaserobins.org](http://www.starbaserobins.org)**

**PARTICIPANT INFORMATION:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Participant is: ( ) Male ( ) Female Grade Entering **Aug 08** \_\_\_\_\_  
Name of School: \_\_\_\_\_  
(Please list city and state of school)

**COURSE SELECTION:**

Please "x" the programs you are selecting

Academy/Dates (Grade Entering in the Fall)		Program
Robotics I (6/2 & 6/3) 6th—8th	\$100	
Rocket Science (6/5 & 6/6) 5th-8th	\$75	
Robotics II (6/23-6/27) 6th—8th	\$200	
Engineering (6/30-7/3) 6th—8th	\$125	

**★ ★  
Sign up today  
for more than  
one academy  
and  
receive \$10  
off your total.**

**A \$50 non-refundable deposit must accompany your registration form to hold your seat for class. All balances are due the first day of the academy.**

**I have read the Registration Information Sheet and agree to the policies.**

**Authorizing Signature:** \_\_\_\_\_

**PAYMENT INFORMATION:**

**Credit Card:** To charge the registration, please complete the following Information:

Visa     Mastercard     Discover    Amount of Payment: \_\_\_\_\_  
Account number \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Name on Card \_\_\_\_\_  
Signature \_\_\_\_\_ Today's date \_\_\_\_\_

**Cash/Check:** Enclosed is my check for \$ \_\_\_\_\_ payable to MOA Foundation with  
"STARBASE ROBINS" in the Remarks Section

- Robotics II participants will receive a STARBASE ROBINS t-shirt (one per individual)**  
T-shirt sizes: \_\_\_ YLg    \_\_\_ Adult Sm    \_\_\_ Adult Med    \_\_\_ Adult Lg    \_\_\_ Adult XLg  
Extra shirts are available for a \$10 donation, please list additional size above.
- How did you hear about our program:  
\_\_\_\_\_ TV    \_\_\_\_\_ GA Family Magazine  
\_\_\_\_\_ Newspaper Title: \_\_\_\_\_  
\_\_\_\_\_ Other    Please specify where \_\_\_\_\_

**\*\*\*\*\*Please complete reverse side of this form\*\*\*\*\***

Please note that your reservation is not guaranteed until you receive a confirmation packet or e-mail.  
If the requested academy is full, you will receive a full refund.

# STARBASE ROBINS Public Affairs and Emergency Health Form

Student Name: \_\_\_\_\_ Age \_\_\_\_\_ Gender: Male ( ) Female ( )  
(Print)

Parent/Guardian Name: (Print) \_\_\_\_\_

Address: \_\_\_\_\_, GA \_\_\_\_\_  
Street City Zip

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Are there any health problems 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: \_\_\_\_\_ Insurance Company \_\_\_\_\_ Policy No./Medicaid ID: \_\_\_\_\_

STARBASE ROBINS is a not-for-profit youth education program with a goal to serve all ethnic groups and to encourage affirmative action. Request you voluntarily indicate the ethnic background of your child.

Ethnic Identity: ( ) Hispanic ( ) African American ( ) Asian-American  
( ) Multinational ( ) Native American ( ) Caucasian ( ) Others

## Hold Harmless Agreement

In the event of an accident, illness, or injury, and the person listed above cannot be reached; I hereby give STARBASE ROBINS personnel permission to take action as deemed necessary in the best interest of my child. Furthermore, I do not hold STARBASE ROBINS, its sponsoring agencies, and/or its staff or representatives responsible for injuries to my child, which could occur due to the nature of the activity in which my child is engaged. I also understand that the STARBASE ROBINS staff reserves the right to terminate the participation of any student when it is deemed in the best interest of either the student or the STARBASE ROBINS Academy.

Parent/Guardian Name: (please print) \_\_\_\_\_

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

## Student Photo Release Agreement

The STARBASE ROBINS staff takes numerous photos of students involved in all our activities. We sometimes use these photos in promotional materials for the STARBASE ROBINS program, such as brochures, newsletters, or videos. In order to include your child's photo in any STARBASE ROBINS project, we must have your signed permission. If you agree to such use, please sign below.

I hereby grant permission for my child to appear in a photograph, video, or digital imagery that will be used by STARBASE ROBINS. STARBASE ROBINS will hold any and all rights to include these images, in any format or media, and to grant permission for its use in outside publications, including non-government television or cable stations. Student images will not be used for commercial purposes.

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