

Application



Please print clearly

Date _____

High School Program

Middle School Program

Name _____

Home Address _____

Parent's E-mail _____

Student's E-mail _____

Social Security Number _____

Date of Birth _____ Age _____

School _____

School Address _____

Grade Level you will enter fall this year _____ GPA _____

T-Shirt Size Small Medium Large XL XXL

Completion of this section is voluntary, Participants are selected on merit, not race or gender. This information if used to determine how well the program serves all segments of the population.

Male African American Hispanic Asian American
 Female Native American Caucasian Other (Please Specify)

How did you learn about ACE? Newspaper School Community Event Word of Mouth

Attendance Acceptance

If accepted, I will attend the full program.

Student Signature _____

As the parent/of the student, I certify that my child has permission to participate in the aviation Careers Education Academy (ACE Academy). I ensure that my child will attend the full program and I understand that he/she is subject to the program and can be removed for inappropriate contact at LAWA's sole discretion.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Home Phone _____ Work Phone _____

Parent's Cell _____ Student's Cell _____

Best Time to Call _____

Please return completed application to: fax (424) 646-9241, or 6053 W. Century Blvd., Suit 301, Los Angeles, CA 90045

Release of Liability/Photo Release



(WE) (I), the undersigned,

Parent(s) or Guardian(s) (Please Print) _____

herein, do hereby give (our) (my) consent for said minor to participate in all Aviation Career Education Academy (also known as ACE Academy) activities, including, but not limited to, airplane orientation, airport operation, and field trips.

We/I do hereby remise, release, and forever discharge and do by this instrument, for ourselves/myself, heirs, executors, administrators and assigns, on behalf of ourselves/myself and on behalf of said minor(s) herein, remise release and forever discharge Los Angeles World Airports, its Board, employees, officers, agents, servants, ACE Sponsors, flight instructors, pilots, and volunteers working or associated with, the ACE Academy from all and any manner of action(s), cause(s), causes of action, suits, debts, dues, sums of money, damages, personal injury claims, wrongful deaths claims and all demands whatsoever, in law, in equity, or otherwise arising out of or in connection with the ACE Academy or related activities.

This agreement is the entire agreement and may only be modified upon mutual consent evidenced by a written agreement signed by both parties.

I grant Los Angeles World Airports and its ACE Academy permission to photograph my child, for promotional and educational purposes.

Parent or Guardian Signature _____

(on behalf of myself and said minor herein)

Date _____

Medical Consent

If it should become necessary, I hereby give my permission to the LAWA ACE Academy and to their agents and staff, to secure emergency medical treatment at the nearest medical facility for my minor child while under the care and supervision of LAWA and the ACE Academy.

1. Does your minor child possess any physical or mental disabilities requiring special attention (including epilepsy, hearing loss, diabetes, asthma, etc.)?
If yes, please explain. Yes No

2. Is your child under any treatment or medication that would make it difficult for him/her to participate in the ACE Academy
List all medications the child is currently taking: Yes No

3. Does your child have any dietary restrictions? Yes No

4. Does your child suffer from motion sickness? Yes No

IN CASE OF EMERGENCY, CONTACT

NAME _____

PHONE _____

Parent or Guardian Signature _____

(on behalf of myself and said minor herein)

Date _____

