

# FUTURE FEMALE AVIATOR WORKSHOP

## CHAPERON REGISTRATION FORM-2015

Phone: 713-454-1940 ✈ Fax: 713-454-1930

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**Schedule:** All F.F.A. Workshops will be held on Saturdays and are 7 hours in length. Doors open at 9:30am for check-in. Upon arrival, participants will be divided into groups. Activities are staggered throughout the day on a rotation schedule that includes a thirty-minute lunch break

**Enrollment:** Our workshops will accommodate a maximum of 40 students. Applicants must have already completed the 5<sup>th</sup> grade and are not yet 18 years old (or have not completed the 12<sup>th</sup> grade). The 1940 Air Terminal Museum requires at least one adult chaperone for every 6 girls. Please communicate with fellow troop/group leaders to make sure your students have the necessary number of chaperones registered for this event.

**Reservations & Payment:** Reservations will be processed on a first-come-first-served basis. Reservations ARE NOT guaranteed until all required materials are submitted AND you receive written confirmation. Student and chaperon participants must complete separate registration forms, as indicated by the highlighted portion at the top of each document. Your completed Registration Form(s) and payment may be emailed, faxed, mailed, or personally delivered to the 1940 Air Terminal Museum (see contact information above). Fees are due in full at the time of Registration Form submission. Student tickets are \$25 each. Chaperon tickets are \$10 each.

**Cancellations:** Cancellations must be received by phone or email to the 1940 Air Terminal Museum by their respective Future Female Aviator Workshop registration deadline. Late cancellations and no-shows will result in forfeiture of the full deposit.

**Chaperon Responsibilities:** As a chaperon, you will have some supervisory and disciplinary responsibilities. They include...

- *Monitor and oversee the actions of the assigned group you are supervising. If you must leave the classroom or facility at any time, you will arrange for a fellow chaperone participant to temporarily assume your duties.*
- *Escort your group to each class rotation and watch or participate in class activities.*
- *Do everything that is reasonable and prudent to ensure the safety of your students while performing any chaperon duties. Notify a museum staff member or volunteer immediately of any safety concerns or emergency situations.*
- *Obey all safety and classroom instruction provided by Museum staff and volunteers, both in Museum facilities and on William P. Hobby Airport active ramps. Obey all safety and learning instruction provided by tour guides during an off-site aviation operations facility tour (if part of the program schedule).*

CHAPERON PARTICIPANT INFORMATION				
NAME			PRIMARY PHONE	
STREET ADDRESS			EMERGENCY PHONE	
CITY	STATE	ZIP	EMAIL	
EMERGENCY CONTACT INFORMATION				
EMERGENCY CONTACT NAME			RELATIONSHIP TO CHAPERONE	
CELL PHONE			ALTERNATE DAY PHONE	
REQUIRED MATERIALS - Wear Your <u>Official Troop/Group Leader Uniform/Shirt</u> (if applicable) and Bring:				
<input type="checkbox"/> Water bottle (filled) <input type="checkbox"/> Sack lunch <input type="checkbox"/> Writing Utensil <input type="checkbox"/> Cash for Museum Gift Shop				
<div style="display: flex; justify-content: space-between;"> <div>✈ <b>FOR MUSEUM STAFF ONLY</b> ✈</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Form Received: __/__/__</div> <div>Staff Initials: _____</div> <div>Enrollment Slot(s): # _____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Payment Received: __/__/__</div> <div>Staff Initials: _____</div> <div>Cancellation: __/__/__      Staff Initials: _____</div> </div>				

## Future Female Aviator Workshop **Chaperon** Registration Form (Continued...)

ORGANIZATION INFORMATION (Optional – for demographic data collection by the 1940 Air Terminal Museum)		
ORGANIZATION NAME AND/OR #		ORGANIZATION LEADER NAME
CITY	STATE	LEADER EMAIL (For <i>Future Female Aviator Workshop</i> Notifications)
<b>PAYMENT INFORMATION</b>		
<i>*If you are both the guardian and chaperone for a registering student participant(s) and have already provided payment information on her/their Student Registration Form, you may skip the payment section of the Chaperon Registration Form. Simply check the "See Attached Student Registration Form" box below for payment method.</i>		
PAYMENT METHOD: <input type="checkbox"/> Cash <input type="checkbox"/> Credit Card <input type="checkbox"/> Check (# _____) <input type="checkbox"/> See Attached Student Registration Form		
NAME ON CREDIT CARD		TYPE
CREDIT CARD #		BILLING ZIP CODE
		EXPIRATION DATE
		SECURITY CODE
<b>EVENT DATE (Check the session you are applying for)</b>		
<input type="checkbox"/> March 28 <sup>th</sup> , 2015 (10am-5pm) <input type="checkbox"/> July 25 <sup>th</sup> , 2015 (10am-5pm) <input type="checkbox"/> November 7 <sup>th</sup> , 2015 (10am-5pm)		
<i>REGISTRATION DEADLINE IS MARCH 27<sup>TH</sup> @ 5PM        REGISTRATION DEADLINE IS JULY 17<sup>TH</sup> @ 5PM        REGISTRATION DEADLINE IS OCTOBER 30<sup>TH</sup> @ 5PM</i>		
<b>MEDICAL LIABILITY AND PHOTO RELEASE WAIVERS</b>		
<p>"I understand that participation in the Future Female Aviator Workshop at the 1940 Air Terminal Museum includes physical or outdoor activity from which injuries are a possibility. The risk of injuries is a risk that I, as a chaperone, voluntarily agree to assume in exchange for the privilege of registering for and participating in the Future Female Aviator Workshop. I understand and agree that this risk is not a risk that the Houston Aeronautical Heritage Society Inc. (hereinafter called "HAHS") assumes and that HAHS is not responsible for any injuries to participants. Accordingly, I hereby release, discharge, and hold harmless HAHS and its directors, officers, employees, volunteers, agents and all persons acting by, through, under, or in concert with HAHS (hereinafter collectively called the "Released Parties") for any and all losses, demands, claims, suits, actions, costs, expenses, liability, damage, and/or judgments arising out of my participation in the Future Female Aviator Workshop at the 1940 Air Terminal Museum.</p> <p>I further provide my consent for HAHS to administer basic first aid when applicable, including the treatment of minor cuts, scrapes, burns, and stings. Medication will not be administered by HAHS at any time. I hereby give permission to medical personnel and Emergency Medical Services selected by HAHS to provide transportation and treatments for my persons during a medical emergency. The completed registration form may be copied for emergency medical trips out of the 1940 Air Terminal Museum. I agree to assume financial responsibility for all costs related to this emergency treatment.</p> <p>I also hereby grant HAHS permission to the rights of my image, likeness, and the sound of my voice as recorded on audio or video tapes and photographs by any Released Party (including without limitation any taken by any photographer or videographer paid by or volunteering for any Released Party). These recordings may be used for, though not limited to, the following purposes:</p> <ul style="list-style-type: none"> <li>• 1940 Air Terminal Museum website</li> <li>• 1940 Air Terminal Museum advertisement campaigns (electronic, printed etc.)</li> <li>• 1940 Air Terminal Museum brochures, posters, articles, and other publications</li> <li>• Conference, educational, or informational presentations</li> <li>• Training materials</li> </ul> <p>In giving this consent, I understand that my image or sound recordings may be edited, copied, exhibited, published or distributed, and waive the right to inspect or approve the finished product wherein my likeness appears. I also release HAHS, their agents and assigns from any liability or violation of any personal or property rights which I may have in connection with said recordings and finished products. I will not receive payment, royalties, or any other compensations or considerations. Additionally, there is no time limit to the validity of this photography release waiver, nor is there any geographic limitation on where these materials may be distributed.</p> <p>I (<input type="checkbox"/> DO    <input type="checkbox"/> DO NOT) give consent for HAHS to include my name with my image, likeness, or the sound of my voice on its finished products.</p> <p><b>By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby.</b></p> <p>Chaperone Signature: _____</p> <p>Name Printed: _____ Date: _____</p>		