



## CONSENT & EMERGENCY HEALTH FORM

**PARENT OR GUARDIAN:** Please print requested information in blue or black ink on both pages of this form and return to your child's classroom teacher by \_\_\_\_\_.

**TEACHER:** Return to STARBASE-Battle Creek, 3595 Mustang Ave., Battle Creek ANG Base, Battle Creek, MI 49037.

SCHOOL NAME	TEACHER'S NAME
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### HOLD HARMLESS AGREEMENT

**Please Note:** The statement following is legal and binding. Do not alter or modify in any way.

In the event of an accident, illness, or injury, and the persons on the first page cannot be reached, I hereby give STARBASE personnel permission to take action as deemed necessary in the best interest of my child.

Furthermore, I take full responsibility for any damage that might occur to government/STARBASE property caused by my child. I understand this program is designed for "hands-on" activities, teamwork, self confidence, and visits to military work areas. I agree not to hold the U.S. Government, Michigan Department of Military and Veterans Affairs, The Michigan National Guard, National Guard, STARBASE Inc., and STARBASE sponsoring agencies, and or its staff or representatives liable in any way for mishaps which could occur due to the nature of the activity in which my child is engaged. I also understand that the STARBASE staff reserves the right to terminate the participation of my child when it is deemed to be in the best interest of either the child, or the STARBASE Academy, as determined by the STARBASE staff.

PARENT/GUARDIAN SIGNATURE	DATE
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### EMERGENCY HEALTH INFORMATION

CHILD'S NAME (LAST, FIRST)	PARENT'S/GUARDIAN'S NAME
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ADDRESS (STREET NUMBER & NAME)	CITY	STATE	ZIP
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BEST PHONE NUMBER TO CONTACT YOU (INCLUDE AREA CODE) <input type="checkbox"/> CELL (      ) - <input type="checkbox"/> HOME (      ) - <input type="checkbox"/> WORK (      ) -	ALTERNATE PHONE NUMBER (INCLUDE AREA CODE) <input type="checkbox"/> CELL (      ) - <input type="checkbox"/> HOME (      ) - <input type="checkbox"/> WORK (      ) -
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### DEMOGRAPHIC DATA

PLEASE IDENTIFY YOUR CHILD'S RACIAL / ETHNIC BACKGROUND (optional, used only for statistical purposes)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE | <input type="checkbox"/> BLACK OR AFRICAN AMERICAN                 | <input type="checkbox"/> WHITE                                      |
| <input type="checkbox"/> ASIAN                            | <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | <input type="checkbox"/> TWO OR MORE RACES <input type="checkbox"/> |
| <input type="checkbox"/> HISPANIC OR LATINO               |  |   |

PARENT MILITARY AFFILIATION

☐ YES      ☐ NO      IF YES, WHICH BRANCH? \_\_\_\_\_

STARBASE admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at STARBASE. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies and admissions policies.

**CONSENT & EMERGENCY HEALTH FORM**

CHILD'S NAME (LAST, FIRST)

Are there any health problems we should be aware of? If so, please list them and any precautions that should be taken.

If there are specific instructions you would like us to follow in the case of illness or accident, please provide this here.

**EMERGENCY CONTACT INFORMATION**

PRIMARY CONTACT NAME

PHONE NUMBER (INCLUDE AREA CODE)

☐ CELL☐ HOME☐ WORK

( )

-

RELATION TO CHILD

SECONDARY CONTACT NAME

PHONE NUMBER (INCLUDE AREA CODE)

☐ CELL☐ HOME☐ WORK

( )

-

RELATION TO CHILD



**PUBLIC AFFAIRS RELEASE**

**PARENT/GUARDIAN:** Print requested information in blue or black ink and return to your child's classroom teacher no later than \_\_\_\_\_.

**TEACHER:** Return to STARBASE-Battle Creek, 3595 Mustang Ave., Battle Creek ANG Base, Battle Creek, MI 49037.

**Please Note:** The statement following is legal and binding. Do not alter or modify in any way.

I, the parent/guardian of (name of child) \_\_\_\_\_, hereby give STARBASE, its sponsoring agencies, and those acting under their permission and upon their authority, the absolute right and permission to copyright and/or use and/or publish photographic portraits or pictures or motion pictures or videotapes of the individuals in which my child may be included in whole or in part, or composite or distorted in character, or form, in conjunction with the child's own or fictitious name, or reproductions thereof in color or otherwise, made through any media for art, advertising, trade, or any other lawful purpose whatsoever.

I hereby waive any monetary or other rights that I or my child may have to inspect and/or to approve the finished product of the advertising copy that may be used in connection with the use to which it may be applied.

I hereby release, discharge and agree to save harmless STARBASE, its sponsoring agencies, and those acting under their permission and upon their authority, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said picture, or in any processing tending toward the completion of the finished product.

I hereby consent to the release of said portraits, pictures, videotapes, or motion pictures to other broadcast media, such as nongovernmental television, cable, or radio stations.

I further assign to the said organizations all right and title and interest in the above described videotape recording, motion pictures, or photographs for any further use in the area of motion pictures, videotapes, publicity pictures, etc.

I understand and agree that said organizations may maintain video tape recordings, photographs, etc. for training purposes and archives.

I have read the above authorization and release, prior to its execution, and am fully familiar with its contents.

PARENT/GUARDIAN SIGNATURE	PRINTED NAME
DATE	

OFFICE USE ONLY
CLASS NUMBER:



## STUDENT CODE OF CONDUCT

**TEACHER:** Have your students read the code of conduct and sign at the bottom. Return completed forms to STARBASE-Battle Creek, 3595 Mustang Ave., Battle Creek ANG Base, Battle Creek, MI 49037-5567.

Dear Student:

You are about to embark on an exciting educational experience. However, to get the most from this unique opportunity, your conduct is very important. Your participation in STARBASE means you agree to the following:

1. I will be on my best behavior.
2. I will come each week prepared to learn.
3. I will participate in all classroom activities while at STARBASE.
4. I will be a good listener and raise my hand to speak.
5. I will not travel to any location without my teacher, chaperone, or STARBASE staff member.
6. At all times I will remember to stick with the group.
7. I will address others by their proper name or approved nickname.
8. I will be courteous to and respectful of authority and other students.
9. I know my rights end where my neighbor's rights begin. I will consider this before I do or say something which may offend another.
10. If a student is sick, injured, or is being mistreated, I will immediately notify my teacher or a STARBASE staff member.
11. I understand that profanity, vulgarity, and other similar forms of inappropriate conduct will not be tolerated under any circumstance. Any offensive touching or hitting (fighting) will, likewise, not be tolerated.
12. I understand that there are some actions that will not be tolerated because they are harmful or against the law. Therefore, I understand that I will not be allowed to participate in the STARBASE program for bringing weapons, alcohol, tobacco, or other illegal drugs and items.
13. I will wear appropriate clothing for the predicted weather. (Some activities are conducted outside.)
14. When in doubt, I will ask my teacher or a STARBASE staff member.
15. I will bring my own lunch and drink for each visit. (I will not bring gum and candy.)

I promise to follow all the rules and directions given to me by STARBASE. I understand that any failure to follow this Student Code of Conduct may result in disciplinary action being taken against me, up to and including dismissal from the STARBASE program. By signing below, I agree that the above outlined codes were thoroughly explained to me and I agree to follow them.

STUDENT'S SIGNATURE	PRINTED NAME
DATE	

OFFICE USE ONLY
CLASS NUMBER: