

Massachusetts 4-H Summer of Science



National Aviation Day National Aviation Academy in Bedford, MA



Friday, August 19th, 2016 (1-4:30pm)

Program is geared for teens to explore engines, helicopters, and aviation.

Participants will have an introduction to the National Aviation Academy then rotate through learning stations on Aviation, Safety, Maintenance and explore the King Air and Helicopters.

Participation is Free, but space is limited and you must **pre-register by August 5th**.

At the end of the program there will be a preview of the 2016 4-H NYSD "Drone Discovery!"

REGISTRATION FORM

Name _____ Age _____ Grade _____

4-H Club (Optional) _____

Address _____

Town _____ Zip _____

Phone _____ Email _____



**National Aviation
ACADEMY**

____ *I am interested and/or planning on doing the National Youth Science Day Experiment
Visit www.4-h.org/nysd to register your event or learn more about "Drone Discovery"*

Please return the completed form to:

Kim Pond, Extension Educator
UMass Extension Central Office
120 Stafford St. Suite 201
Worcester, MA 01603

Participants who are not 4-H members must complete and return both pages.



UMass Extension is a unit of the Center for Agriculture, Food & the Environment in the College of Natural Sciences. UMass Extension is an equal opportunity provider & employer, United States Department of Agriculture cooperating. Contact your local UMass Extension office for information on disability accommodations or the UMass Director if you have concerns related to discrimination, 413-545-4800 or refer to www.extension.umass.edu/civilrights.

Health Form

Participant Name _____

Age _____ Date of Birth _____

List all Allergies _____

List any medications currently being used _____

Describe any limitations that may interfere with participation _____

Note any other information that may be helpful for staff _____

Emergency Contact Information:

Name _____ Relationship to Youth _____

Phone _____

In case of emergency, I hereby give my consent for necessary examination and treatment of my child as prescribed by an attending EMT or physician.

Parent Signature _____ Date _____

I will show respect for everyone involved in this 4-H Program. I will not willfully steal or damage property, use foul language, or carry anything that can be considered a weapon. I will not engage in behavior that can be considered physical or verbal abuse. I will not smoke or use any type of tobacco product nor use or willingly be in the presence of drugs or alcohol.

Participant _____

I give permission and consent for photographs to be taken of my child, and for these photographs to be used in 4-H printed materials.

Parent _____



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