



Student Application and Health Form

PLEASE COMPLETE BOTH SIDES OF THE FORM AND SIGN IN ALL 3 PLACES

Student's Name _____
Last _____ First _____ Middle Initial _____

Parent/Guardian Name _____

Address _____ City _____

State _____ Zip Code _____ Home Phone (____) - _____

Cell Phone (____) - _____ Work Phone (____) - _____

Child's Gender: ___ M ___ F Military Dependent? ___ Yes ___ No

School: _____ Teacher's Name: _____

Are there any health problems of which we should be aware? If so, please list them and any precautions that should be taken. (Use separate paper, if necessary):

In case of emergency notify:

Name _____ Relationship to student _____

Home/Cell Phone (____) - _____ Work Phone (____) - _____

In the event of an accident, illness, or injury, and the person above cannot be reached, I hereby give STARBASE Louisiana permission to take action as deemed necessary in the best interest of my child.

X _____

Parent/Guardian Signature

_____ Date

For statistical reporting, please indicate your child's ethnicity and race:

Hispanic: _____ Non-Hispanic: _____ Asian: _____ African American: _____

Am Indian or Alaskan Native: _____ Hawaiian Native or Pac Islander: _____

White: _____ Multiracial: _____ Home Language: _____

Statement of Understanding: Hold Harmless Agreement

I acknowledge that I, _____ acting as legal
Parent/Guardian name

guardian of _____ do hereby grant my permission for
Student's name

_____ to participate in the STARBASE LA program.
Student's name

I will take full responsibility for any damage that might occur to government and/or STARBASE Louisiana property if damage was maliciously caused by my child. In consideration of the United States Air Force allowing me or my children to use Barksdale Air Force Base property, facilities, and equipment, I, the undersigned, do agree to forever hold harmless Barksdale Air Force Base, United States Air Force Reserve, STARBASE Louisiana, and the United States of America, its members, employees, and agents, whether acting officially or unofficially, from any and all actions, claims, and demands by reason of any damage, loss, or injury (including death) which may be sustained to me or my children, and arising out of, or incidental to participation in STARBASE Louisiana.

I also understand that STARBASE Louisiana reserves the right to terminate the participation of my child when it is deemed to be in the best interest of either: my child, other students, or the program as determined by the STARBASE Louisiana staff.

_____ Signature of Student	_____ Date
X _____ Signature of Parent / Guardian	_____ Date

Permission for Publication of Student Photo Release Form

At STARBASE Louisiana it is our practice when preparing work for external publications, videos, and publicity, to seek parent permission before including a child's image or comments. In order to include your child's photo or comments in any STARBASE Louisiana project, we must have your signed permission. We do not release **any** personally identifiable information, including school names or student names, with photographs used in publications or online without additional express written consent. Permission granted below **does not** include the allowance of personal information.

As parent/guardian of (Student's Name) _____,
I hereby grant permission for my child to appear in a photograph, video or digital imagery, or to have comments included in publications that will be used by STARBASE Louisiana. STARBASE Louisiana will hold any and all rights to include these images or comments, in any format or media, and to grant permission for its use in outside publications.

X _____ Signature of Parent / Guardian	_____ Date
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