

# A.S.C.E.N.D.

## Aviation Summer Camp: Exploring New Dimensions

Sponsored and directed by volunteers of EAA, Chapter 1083,  
Rowan County Airport, Salisbury, NC.

A.S.C.E.N.D. offers a glimpse into what a career path in aviation could be like. If you dream of flying ... then fly the dream this summer!

- Have fun with hands-on aviation activities
- Learn about a wide variety of aviation career opportunities
- Learn the history of aviation, the "language" and the physics of flight
- Meet new people with similar interests
- Fly the flight simulator
- Meet and talk with pilots, technicians and other aviation specialists
- Pre-flight an airplane, check the weather, create a flight plan
- Take a flight with an experienced, licensed pilot

**WHEN:** Mon., June 17, – Sat., June 22, 2013,  
9:00am – 3:00pm

**WHO:** Youth ages 13 – 18

**WHERE:** EAAgles Nest, Rowan County  
Airport

\$125.00 Includes

- Lunch & snack each day
- Aviation-related field trip
- Special T-shirt
- Some scholarships available

Applicants will be selected based on their completed applications which must be received by EAA Chapter 1083 no later than April 30, 2013. Applications are available at [www.eaa1083.com](http://www.eaa1083.com).

Click on A.S.C.E.N.D. Aviation Summer Camp.

**For additional information contact:**

Jana or Lewis Brown at (336) 752-2574  
e-mail: [lebrown@ptmc.net](mailto:lebrown@ptmc.net)



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For more information about the camp visit [www.AviationSummerCamp.net](http://www.AviationSummerCamp.net)



**CAMOUFLAGE KIDS** ([www.camokids.org](http://www.camokids.org)), a non-profit organization to support our military families, will be providing 10 scholarships for the ASCEND camp for military children. These scholarships will be awarded on a **FIRST-COME / FIRST-SERVE** basis and your child will participate for free. Please return your application to Jeff Nix,

President of Camo Kids, **by March 15, 2013** for processing with the ASCEND camp staff. Once your application is accepted by AASCEND, Camouflage Kids will provide payment for your camp experience. Camouflage Kids accepts no liability for your participation in this camp and is providing scholarships with no additional obligations other than purchasing the camp tuition.

**Please mail your application to:**

**JEFF NIX**

**PO BOX 17387**

**WINSTON-SALEM, NC 27116**

**A.S.C.E.N.D. 2013 - June 17-22, 2013 9:00-3:00 daily (Sat. 9:00 am for flight)**  
**Aviation Summer Camp: Exploring New Dimensions**  
**Application**

<http://eaa1083.com/id64.html>

**ONLY FOR CHILDREN AGES 13-19 - ROWAN COUNTY AIRPORT – SALISBURY, NC**

**Part I:**

**Student Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Student's Grade Level in Fall of 2012: \_\_\_\_\_ Student's Current GPA: \_\_\_\_\_

Student's School in Fall of 2012: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Have you attended a similar program before? Yes \_\_\_\_\_ No \_\_\_\_\_

Student's shirt size: AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ AXL \_\_\_\_\_ A2XL \_\_\_\_\_

How did the student find out about the summer camp?

List community activities, hobbies and interests:

**Part II:**

Please describe in your own words, "Why you would like to attend ASCEND." If you need more room or would like to type your response, just attach to this application.

**STUDENT'S NAME:** \_\_\_\_\_

**Part III:**

Please make sure your parent or guardian completes this section.

Important – this part of the application **MUST** be completed and signed for consideration of admission to ASCEND

Student's Name: \_\_\_\_\_

**Parents / Guardian Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell / Other # \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact (other than parent or guardian)

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell / Other # \_\_\_\_\_

How did you hear about ASCEND?

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Student's Medical History:

Does the student have any health concerns/allergies/medications that we need to be aware of?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

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Does the student have any dietary needs / food allergies that we need to be aware of?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:

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STUDENT'S NAME: \_\_\_\_\_

**Disclaimer**

The undersigned ("Participant") hereby acknowledges that he/she has voluntarily chosen to participate in ASCEND. Participant acknowledges and understands that ASCEND will involve activities that could potentially be dangerous or harmful. Participant has chosen to participate voluntarily, with the full knowledge of this potential danger and harm. By signing this document, Participant represents and warrants that he/she does not have any physical condition which could be aggravated or worsened by activity or stress. In consideration of participation in this camp, Participant waives all claims, demands, actions, causes of action, and liabilities of any kind or nature, whether based in law or in equity, against the organizers, the volunteers, including EAA Chapter Ten83 and affiliates ("Affiliated Organizations") arising out of or in any way related to ASCEND or Participant's participation in the event. Participant releases EAA Chapter Ten83 and Affiliated organizations from such Claims, regardless of when such Claims arise or when Participant discovers any injury or damage that does or may give rise to such Claims.

I hereby I hereby give consent for my child to participate in the 2013 ASCEND and travel on all field trips.

Mother/ Guardian's Signature / Print Name / Date

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Father/ Guardian's Signature / Print Name / Date

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