



CONFIDENTIAL STUDENT AND CONTACT INFORMATION

All information obtained will be maintained with the strictest levels of confidentiality and will only be shared with primary facilitators and those with a need to know. Providing as much information as possible will help us provide a personalized experience for each student participant of the JET-A program. Thank you for your cooperation.

STUDENT INFORMATION

| | | |
|--|---|------------|
| Full Name (First, Middle, Last) | Date of Birth (MM/DD/YYYY) | Gender |
| Home Address | City | Zip Code |
| E-mail Address | Phone Number | Shirt Size |
| Known Allergy/Sensitivity to: <input type="checkbox"/> Bee Sting <input type="checkbox"/> Nuts <input type="checkbox"/> Dairy <input type="checkbox"/> Latex <input type="checkbox"/> Other: | Known Dietary Restrictions/Preferences: | |
| Known Medical Conditions: <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Kidney Injuries <input type="checkbox"/> Seizure Disorder <input type="checkbox"/> Heart Condition <input type="checkbox"/> Other: | Medication Regimen (Rx, time of day, w/ or w/o food): | |
| Other information that should be known: | | |

PRIMARY CONTACT INFORMATION

| | | |
|-----------------------|---------------------------|----------|
| Name (First and Last) | Role | |
| Home Address | City | Zip Code |
| E-mail Address | Text Enabled Phone Number | |

SECONDARY CONTACT INFORMATION

| | | |
|-----------------------|---------------------------|----------|
| Name (First and Last) | Role | |
| Home Address | City | Zip Code |
| E-mail Address | Text Enabled Phone Number | |

PRIMARY CARE PHYSICIAN

| | |
|-----------------------|--------------|
| Name (First and Last) | Phone Number |
|-----------------------|--------------|



PARENT/GUARDIAN PERMISSION AND WAIVER

I/we, the parents/guardians of the student named below, understand the nature of The JMAA Education and Training Academy, referred to as “JET-A” that will take place from July 12, 2021 to July 16, 2021, which is a joint partnership formed between the Jackson Municipal Airport Authority (JMAA), Jackson Public Schools (JPS) and Jackson State University (JSU). The overarching objective of this program is to introduce rising high school seniors to the career opportunities in aviation and aerospace.

PERMISSION

I/we hereby grant permission to the supervising facilitator(s) or staff (including volunteers) to attend to our son/daughter, at any point during the JET-A program that there is an event of an injury requiring medical attention. If the injury warrants further medical attention, I/we expect every effort will be made to contact the primary contact hereby listed to receive specific authorization before action is taken. If efforts to contact are unsuccessful, I/we grant permission for necessary medical treatment to be given. In addition, I/we hereby give permission to the supervising facilitator(s) or staff (including volunteers) to take son/daughter to the physician, dentist, or to the hospital as needed to provide medical treatment.

I/we understand that there are portions of the JET-A program that will include hands-on and up-close experiences with aircraft and drones, a 30 to 45 minute orientation flight in a small aircraft operated by a Certificated Airman, and ground transportation to and from various facilities, all of which will be facilitated by JMAA at no charge. As such, I/we are in accord with the purposes of and procedures governing the educational experiences and trips associated with the JET-A program. I/we understand that adequate and appropriate supervision will be provided.

WAIVER

I/we recognize that unanticipated situations and problems can arise at any time, where such situations or problems are not reasonably within the control of the supervising facilitator(s) or staff (including volunteers). Therefore, I/we further agree to release and hold harmless the Jackson Municipal Airport Authority, Jackson Public Schools, Jackson State University and their respective agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense, (including attorneys’ fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services, or any cause beyond the control of JMAA/JPS/JSU, including, but not limited to, natural disasters, civil disturbances, acts of terrorism, etc.

This permission form also serves as an acknowledgement that the student and parent/guardian(s) understand and agree to conform to the general standards of conduct broadly understood and associated with programs of this nature. In the event that a student is dismissed from the JET-A program for reasons of health, accident, failure to conform to established rules, I/we agree to accept full responsibility, and in the event of serious damage to property or equipment, pay for the cost of repair.

Student Name

Primary Parent/Guardian Name

Secondary Parent/Guardian Name

Student Signature

Primary Parent/Guardian Signature

Secondary Parent/Guardian Signature

Date

Date

Date