

REGISTRATION FORM
WRIGHT-PATTERSON AFB JOB SHADOW DAY

8 March 2013 from 8:30-2:30 p.m.

PLEASE PRINT

STUDENT NAME: _____ GRADE: _____ AGE: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT INFO: _____ NAME/PHONE NUMBER _____

SCHOOL: _____

JOB SHADOW EXPERIENCE DESIRED: *(Please Indicate 1st, 2nd and 3rd Choices)*

Aerospace Engineer	Epidemiology
Aerospace Medicine	Finance
Aerospace Ophthalmology	Fire Department
Aerospace Science Instructor	History Technician
Architecture	Medical Lab Technician
Blood Bank Technician	Pathology Department
Chief Engineer	Physical/Optics
Computer Engineer	Piloting
Contract Negotiator	Preventive Medicine
Contract Specialist	Public Health
Contact Officer	Radiation Laboratory
Electrical Engineering	Registered Nurse
Electrical Engineering and Management	STEM Education
Environmental	Gaming and Research

SCHOOL CONSENT FOR STUDENT TO PARTICIPATE

I hereby grant permission for the student listed above to participate in the Wright-Patterson AFB Job Shadowing Day program Friday 8 March 2013 from 8:30-2:30.

SCHOOL OFFICIAL NAME (*PRINT*): _____

STUDENT IS U.S CITIZEN:

SCHOOL OFFICIAL SIGNATURE: _____

YES NO

SCHOOL PHONE: _____

E-MAIL: _____

I verify the student is a U.S. Citizen

PARENTAL CONSENT: Statement of Understanding, Hold Harmless Agreement and Photo Release

In consideration of the United States Air Force allowing my child or child under my legal guardianship, to visit Wright-Patterson Air Force Base for Job Shadowing activities, I, the undersigned, do grant permission to participate and agree to forever hold harmless Wright-Patterson Air Force Base, the United States Air Force, 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 my child or child under my guardianship, and arising out of, or incidental to participation in the Job Shadow day.

I, the undersigned, also hereby grant permission for the child listed above to appear in a photograph, video or digital imagery that may be taken and used by the Wright-Patterson Air Force Base Educational Outreach Program. I hereby waive any monetary or other rights that I have to inspect and/or approve the finished product of the copy.

 Print Name

 Phone and Hours You Can Be Reached

 Parent Signature

 Date

 E-MAIL

Late, incomplete and/or illegible forms will not be accepted

Visit <http://edoutreach.wpafb.af.mil> on how to submit