Application				
Please print clearly. Applications that can not be read will be disqualified. High School Program Please return by June 1. Middle School Program Date Name				
Home Address City, State, Zip				
Parent's E-mail				
Student's E-mail				
Date of Birth				
School				
School Address				
Grade Level you will enter fall this year GPA				
T-Shirt Size Small Medium Large XL XXL				
Completion of this section is voluntary, Participants are selected on merit, not race or gender. This information if used to determine how well the program serves all segments of the population.				
Male African American Hispanic Asian American				
Female Native American Caucasian Other (Please Specify)				
How did you learn about ACE? Newspaper School Community Event Word of Mouth				
Attendance Acceptance				
If accepted, I will attend the full program.				
Student Signature				
As the parent/of the student, I cerify that my child has permission to participate in the aviation Careers Education Academy (ACE Academy). I ensure that my child will attend the full program and I understand that he/she is subject to the program and can be removed for inappropriate contact at LAWA's sole discretion.				
Parent/Guardian Name				
Parent/Guardian SIgnature				
Home Phone Work Phone				
Parent's Cell Student's Cell				
Best Time to Call				
Please return completed application to: fax (424) 646-9241, or by U.S. Postal Mail To: Aviation Careers Education Program, LAX Community Relations Division, P.O. Box 92216, Los Angeles, CA 90009-2216				





(WE) (I), the undersigned,

World Airports

Parent(s) or Guardian(s) (Please Print)

herein, do hereby give (our) (my) consent for said minor to participate in all Aviation Career Education Academy (also known as ACE Academy) activities, including, but not limited to, airplane orientation, airport operation, and field trips.

We/I do hereby remise, release, and forever discharge and do by this instrument, for ourselves/myself, heirs, executors, administrators and assigns, on behalf of ourselves/myself and on behalf of said minor(s) herein, remise release and forever discharge Los Angeles World Airports, its Board, employees, officers, agents, servants, ACE Sponsors, flight instructors, pilots, and volunteers working or associated with, the ACE Academy from all and any manner of action(s), cause(s), causes of action, suits, debts, dues, sums of money, damages, personal injury claims, wrongful deaths claims and all demands whatsoever, in law, in equity, or otherwise arising out of or in connection with the ACE Academy or related activities.

This agreement is the entire agreement and may only be modified upon mutual consent evidenced by a written agreement signed by both parties.

I grant Los Angeles World Airports and its ACE Academy permission to photograph my child, for promotional and educational purposes.

Parent or Guardian Signature (on behalf of myself and said minor herein) Date	
	Medical Consent
If it should become necessary, I hereby give my permission to the L and staff, to secure emergency medical treatment at the nearest r under the care and supervision of LAWA and the ACE Academy.	
 Does your minor child possess any physical or mental disabilities hearing loss, diabetes, asthma, etc.? If yes, please explain. 	requiring special attention (including epilepsy,
2. Is your child under any treatment or medication that would mak ACE Academy List all medications the child is currently taking:	e it difficult for him/her to participate in the Yes No
3. Does your child have any dietary restrictions?	Yes No
4. Does your child suffer from motion sickness?	Yes No
IN CASE OF EMERGENCY, CONTACT NAMEPHONE	
Parent or Guardian Signature (on behalf of myself and said minor herein) LAX Los Angeles	

C1		ssc	
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Please tell why you want to attand the ACE Academy.



Please tell us how you heard about the ACE Academy.



Counselor/Teacher Recommendations



Please print

Los Angeles World Airports

Date

Please describe the student's interest in aviation, self-motivation, attitude, maturity, academic ability, honesty, attendance or other special qualities. Letters of recommendation or additional comments may be added to this application. An adult mentor may recommend the student if school is not in session.

Teacher/Counselor Name		
Title	School	
Teacher/Counselor Signature		
Phone	Teacher/Counselor E-mail	
Comments		
Does your child possess any learr If yes, please explain:	ning disabilities?	Yes