This **FREE** 8-week program offers fun STEM education activities (including field trips) while focusing on **AEROSPACE** and **EARTH SCIENCE**.

Come and get involved with MAA parents and friends of the Family Café located in the Liberal Arts-Wi-Fi Room. Light refreshments are served.

**Sign-up students today. Let's discover new ways to improve the world together!**

Open to ALL students in all districts, including home school students. Applications are on a first come, first served basis.

For more information, visit www.tri-c.edu/murep, call 216-987-6301 and ask to join our mailing list. Also visit www.tri-c.edu/pathway for information on Tri-C’s College Pathway Programs.

**STEM is Fun**

This Tri-C program is made possible through the generous support of NASA MUREP, NASA John Glenn Research Center, Time Warner Cable, Martha Holden Jennings Foundation, Faye Sharpe, Thomas H. White Foundation, the Cleveland Chapter of CHUMS, DuneCraft, and the PPG Foundation.
Spring Application due Wednesday, March 23, 2016

Applications received after the deadline will be placed on a space available basis. **No faxed applications or emails will be accepted.**

Please return applications to:
Cuyahoga Community College
Minority University Research Education Project Aerospace Academy
2900 Community College Avenue
MAA – Campus Center Room 22
Cleveland, OH 44115

March 1, 2016

Dear MUREP Aerospace Academy Applicant,

Attached, please find the Spring 2016 application for the MUREP Aerospace Academy (Tri-C MAA) (formerly known as SEMAA) at Cuyahoga Community College, Metropolitan Campus. **The session will operate eight consecutive Saturdays, 9:00 AM – 1:30 PM, April 2, 2016 to May 21, 2016.**

Please note: applications are accepted on a first come, first served basis.
- **Applications should be completed in blue or black ink.**
- **Students with incomplete applications will be delayed and may effect starting date of class session.**

The following completed information should be submitted to the Tri-C MAA Office no later than **Wednesday, March 23, 2016.**

1. Tri-C MAA Spring 2016 application *(an application packet should be completed for each student seeking enrollment)*
2. Release from Liability & Hold Harmless Agreement (Requires student and parent signature)
3. Cuyahoga Community College Agreement for Use of Name and Likeness (Requires student and parent signature)
4. Allergy/Medical, Behavior & Student Release (Requires student and parent signature)

Please note: Applicants are placed based on current academic grade level, thus; kindergarten applicants must be registered for kindergarten during the 2015-2016 academic school year to be considered eligible to participate in Tri-C MAA Spring 2016 session.

**Light meals will be available for all students; however, if your child has food restrictions, please pack them a meal.**

**Acceptance letters will be sent via U.S. Mail beginning Monday, March 14, 2016.**

Should you have questions, or wish additional information, please contact our office at 216.987.6301.

Best Regards,

Vanessa R. Mullins, Program Manager
**REQUIRED INFORMATION**

School District __________________________ District type:  □ Public  □ Private  □ Charter  □ Home School  (please check one)

School ____________________________________________________________

County ___________________________ Grade during the 2015-2016 school year ____________________________

Spring 2016 Session: 9:00 a.m. – 1:30 p.m.

**NASA MUREP Aerospace Academy (MAA) formerly known as SEMAA**

*Spring 2016 Session Application: Cuyahoga Community College*

<table>
<thead>
<tr>
<th>STUDENT INFORMATION</th>
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<tbody>
<tr>
<td>Last Name:</td>
<td>First Name:</td>
</tr>
<tr>
<td>Permanent home address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Date of birth</td>
<td>Gender: □ Female □ Male</td>
</tr>
<tr>
<td>Name of School</td>
<td></td>
</tr>
<tr>
<td>Academic level as of Spring 2016</td>
<td></td>
</tr>
<tr>
<td>□ K □ 1st □ 2nd □ 3rd □ 4th □ 5th □ 6th □ 7th □ 8th □ 9th □ 10th □ 11th □ 12th</td>
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</tr>
</tbody>
</table>

**Has the student previously attended (SEMAA)?** □ Yes □ No  If yes, how many previous sessions?

**Has this student participated in any other NASA sponsored activity?** □ Yes □ No  ✓ Check all that apply:
- Amateur Radio on the International Space Station (ISS)
- Contest/competitions (e.g. FIRST Robotics, Great Moonbuggy Race, Exploring Space Challenge, etc.)
- Distance learning activities through the Digital Learning Network (DLN)
- Interdisciplinary National Science Program Incorporating Research and Education Experience (INSPIRE)
- ISS EarthKAM
- Mars Student Imaging Project (MSIP)
- MATHCOUNTS
- NASA Explorer Schools (NES)
- NASA Shadowing/Mentoring Activities and Internships
- Reduced Gravity Student Flight Opportunities Program (specify activity)
- Other (list any other programs, projects, or activities)

**OTHER CHILDREN ALSO APPLYING FOR MAA THIS YEAR**

Are other children living with the student also applying for the 2016 Spring Session? □ Yes □ No

*Note: you must still complete a separate application for each child applying to MAA.*

<table>
<thead>
<tr>
<th>Name of other child applicant:</th>
<th>Date of birth</th>
<th>Academic level as of Spring 2016</th>
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<tbody>
<tr>
<td>Name of other child applicant:</td>
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<tr>
<td>Name of other child applicant:</td>
<td>Date of birth</td>
<td>Academic level as of Spring 2016</td>
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</tbody>
</table>

Please use the space below to list any additional children applying for MAA this year.
**PARENT INFORMATION**

<table>
<thead>
<tr>
<th>Parent/Guardian last name:</th>
<th>Parent/Guardian first name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone no.: (         )</td>
<td>Alternate telephone no.: (   )</td>
</tr>
<tr>
<td>Permanent e-mail address (optional):</td>
<td>Alternate e-mail address (optional):</td>
</tr>
<tr>
<td>Emergency contact (other than parent) Last name:</td>
<td>First name:</td>
</tr>
<tr>
<td>Best time to call:</td>
<td>Telephone no.: (         ) Alternate telephone no.: (   )</td>
</tr>
</tbody>
</table>

**Relationship to the student:**

**SPECIAL NEEDS or ACCOMMODATIONS (Use back of page if more room needed)**

Please list any physical, academic, or other accommodations that your child may require in the classroom or lab.

Please list any known health problems (allergies, diabetes, asthma, epilepsy, heart trouble, etc.) your child has.

Please list any dietary needs or restrictions for your child.

**ADDITIONAL INFORMATION (Optional)**

To determine which members of each ethnic/racial group are reached by this program, NASA requests the information below. Submission of this information is VOLUNTARY and will not be available when considering this application.

**Student ethnic background (check appropriate box)**

- American Indian/Alaska Native
- Asian
- Black/African-American
- Hispanic/Latino(a)
- Native Hawaiian/Pacific Islander
- White (Non-Hispanic)
- Other

**Does the student qualify for free or reduced price lunch**

- Yes
- No

**How did you hear about MAA? (check all that apply)**

- Classroom visit
- Flyer/brochure
- Magazine
- Newspaper
- Radio
- Religious institution
- Student's school
- Television
- Word of mouth
- Other (please specify)

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I, ______________________________________ (Parent/Guardian), do hereby release and discharge National Aeronautics and Space Administration (NASA), the National MAA Office, this Cuyahoga Community College MAA site, members, administrators and agents from any and all claims, present and future, known and unknown, due to, or arising in any manner from, my child's participation in the project or related activities sponsored by MAA. I have read or someone from the MAA project has read and explained the information contained in this form to me. I willingly agree to give my consent to let MAA enter data about my child and me into its computer information system. I hereby grant to the National Aeronautics and Space Administration (NASA) and other acting on its behalf, the right to record my child and his/her voice using audio, photographic, video, or other such techniques; to include my child's name, likeness, voice and biographical material in connection with these recordings; to use reproduce, distribute, and exhibit such recordings in any and all media throughout the world without limitation; and to authorize others to do so, for any purpose which NASA and those acting pursuant to its authority, deem appropriate.

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I hereby waive all rights of any nature in such recording(s) and the exhibition thereof. It is understood that this waiver and grant is provided at no cost to the Government and that no compensation of any kind shall be due or expected.

In case of an emergency, consent is granted to the staff of MAA to provide medical services through the appropriate medical facilities and/or medical service providers to my child, ____________________________________________

Parent/Guardian name (print): __________________________________________________

Parent/Guardian signature: ___________________________  Date: ____________________
Release from Liability and Hold Harmless Agreement

In consideration of being permitted to participate in outside school activities (career and academic field trips) sponsored by MUREP Aerospace Academy (MAA) and Cuyahoga Community College, I or my parent or legal guardian if I am under the age of eighteen (18), the undersigned, so hereby agree to assume all the risks and responsibilities surrounding my participation.

This release gives my son/daughter ________________________________ permission to participate in all of Tri-C MAA activities during the Spring 2016 MAA Session. I understand that information will be sent to me announcing upcoming MAA events.

And further, I do for myself, my heirs and personal representatives hereby agree to hold harmless, indemnify, and release and forever discharge Cuyahoga Community College District and all its officers, agents and employees from and against any and all liability, loss, damage, costs, claims, and/or causes of action, including but not limited to all bodily injuries and property damage arising out of participation in the program mentioned above.

(Signature of Participant)                 School                Grade                     Date

(Signature of Parent or legal Guardian if Participant is under 18/ or dependent 18 and over)          Relationship

EMERGENCY MEDICAL AUTHORIZATION

Student Name __________________________________  Address ________________________________

Telephone _______________________________  School _______________________________________

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Residential Parent or Guardian:

Mother’s Name _______________________________  Daytime Phone ___________________________
Father’s Name _______________________________  Daytime Phone ___________________________
Other’s Name ___________________________________  Daytime Phone ___________________________

Name of Relative or Childcare Provider __________________________ ____   Relationship _________________
Address _______________________________________________________  Phone _________________

*Please complete both sides of this form
PART I OR II MUST BE COMPLETED

PART I-TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor ___________________________________________ Phone____________________________
Dentist __________________________________________ Phone____________________________
Medical Specialist ___________________________________ Phone_________________________
Local Hospital ___________________________________ Phone___________________________

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above Named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and (2) the transfer of the child to any hospital reasonably accessible.

This Authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken and any physical impairment to which a physician should be alerted:

Date ________________________ Signature of Parent/Guardian _____________________________
Address ____________________________________________________
________________________________________________________________________

PART II- REFUSAL TO CONSENT

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Date ________________________ Signature of Parent/Guardian _____________________________
Address ____________________________________________________
________________________________________________________________________

Prepared by: College Legal Counsel 10,'901947r
Agreement for the Use of Name and Likeness

Grantor name (print): ___________________________________________________________________________________________

Preferred method of contact:

Email address: ______________________________________________________________________________________________

Phone number: ______________________________________________________________________________________________

Description of photography, recordings, or other activity (the “event(s)”), and date(s) of event(s):

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

For good and valuable consideration, the receipt and sufficiency of which I hereby acknowledge, I grant irrevocable permission to Cuyahoga Community College District (the “College”) and its trustees, officers, students, vendors, consultants, agents and employees (collectively, the “affiliates”) to use my name, photograph, video, likeness, voice, statements associated with event(s) in any and all manner and media throughout the world, in perpetuity. I waive any right that I may have to inspect or approve any such use.

I agree that the materials may be edited, adapted, expanded, revised, or modified at the sole discretion of the College and its affiliates. I consent to use of the materials in connection with publicity, advertising, promotion, publication and any other purposes. I understand that the College and its affiliates may use the materials in any media or format it chooses, whether or not for profit, including without limitation television, radio, print, promotional materials and Internet.

I warrant and represent that this agreement does not in any way conflict with any existing commitment on my part. I agree that the College is not under any obligation to exercise any of the rights, licenses and privileges herein granted.

I agree that no aspect of this agreement or participation in the event(s) makes me an employee of the College.

I agree to release, waive, forever discharge, and covenant not to sue the College and its affiliates from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me, arising out of or relating to my participation in the event(s), the College’s or any affiliate’s exercise of rights granted by this agreement, including without limitation, claims for compensation, defamation, infringement, and invasion of privacy. In addition, I hereby hold harmless and indemnify the College and its affiliates from any and all liability, claims, actions, suits, losses and costs or related causes of action for damages arising out of or relating to my participation in the event(s), the College’s or any affiliate’s exercise of rights granted by this agreement, including without limitation, claims for compensation, defamation, infringement and invasion of privacy. I also understand that this agreement binds my heirs, executors, administrators, and assigns, as well as me.

THIS IS A RELEASE OF YOUR RIGHTS. READ CAREFULLY BEFORE SIGNING.

AGREED AND ACCEPTED:

Grantor signature: __________________________________________________________________________________________

Date: _____________________

Signature of parent or guardian (if grantor is a minor): ___________________________________________________________

Parent or guardian name (please print): _________________________________________________________________________

Date: _____________________
MUREP Aerospace Academy (MAA) Allergy/Medical, Behavior & Student Release

Student's name_________________________________________ Grade__________________________

Intentional destruction of property or physical harm to staff or other student's will result in immediate dismissal. All other disruptive behavior will result in the following action from Cleveland Tri-C MAA staff member or instructor:

1st Offense- Call home to parent by instructor and/or dismissal suggestion. Note - Fighting will not be tolerated and is grounds for immediate dismissal.

2nd Offense- Letter home to parent and dismissal

I ___________________________________________ understand and agree to the Cleveland Tri-C MAA behavior policy as outlined. (Parent/Guardian name, please print)

I ___________________________________________ understand and agree to the Cleveland Tri-C MAA behavior policy as outlined. (Students name, please print)

Parent/Guardian Signature ___________________________ Date __________

Student Signature ___________________________ Date __________

Student Release Statement

Students enrolled in grades K-6 must be picked up from the classroom by a parent/guardian. Students enrolled in grades 7-12 are required to sign in and out when entering and exiting the classroom for any reason. Valid Photo identification (State of Ohio Driver's License or State of Ohio Identification Card) may be required for individuals' picking-up students. No student will be released to anyone whose name, relationship, and telephone number has not been provided by the parent/guardian(s) on the Pick-Up/Emergency Authorization Statement. Please list the name, phone number, and relationship of adults or siblings authorized to pick your child up.

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone Number(s)</th>
<th>Relationship</th>
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*Please authorize your students release to parties identified in the Student Release Statement by signing statement below.*

I ___________________________ authorize Tri-C MAA (Cuyahoga Community College MUREP Aerospace Academy) (Parent/Guardian name, please print)

to release ___________________________ to parties identified in the Student Release Statement. (Student’s Name & Grade, please print)

Parent/Guardian Signature ___________________________ Date __________