Dear Parents/Guardians:

Applications for the MUREP Aerospace Academy (MAA) at Cuyahoga Community College’s Metropolitan Campus are currently being accepted for:

**Fall 2017 Session:** September 16th - November 4th

MAA students will attend 8 consecutive Saturdays, 9:00 am – 1:30 pm

The last day applications will be accepted is on Friday, September 8th.

Applications will NOT be accepted on-site once the session begins September 16th.

**Application Instructions:**
1. Applications should be completed in blue or black ink and printed clearly.
2. Applications are reviewed as they are received and are accepted on a first come, first serve basis.
   - Parents will receive notification of acceptance status via U.S. mail. Students MUST receive a letter of acceptance in order to attend the session applied for.
3. Incomplete applications **cannot** be accepted.
4. An application packet should be completed for each student seeking enrollment
5. Applicants are placed based on current academic grade level, thus kindergarten applicants must be registered for kindergarten during the 2017 academic school year to be considered eligible to participate in Tri-C MAA Fall 2017.

**Application Checklist:** Please choose only one session.
- Fall 2017 application/NASA Release (Requires Parent/Guardian signature)
- Release from Liability & Hold Harmless Agreement (Requires Parent/Guardian signature)
- Emergency Medical Authorization (Requires Parent/Guardian signature)
- Behavior Agreement & Student Release (Requires Parent/Guardian signature)
- CCC Agreement for Use of Name & Likeness (Requires Parent/Guardian signature)

**Additional Information:**
1. Please be punctual—student attendance is crucial to accumulate the complete MAA experience. Students must attend a minimum of 6 sessions in order to be eligible for achievement awards.
2. A light meal of cheese pizza, chips and water is served to MAA. Parents are welcome to provide an alternate meal for children with dietary restrictions.
3. Please sign your student(s) in on the first floor on September 16th. For the following sessions, sign in will be in each students classroom.

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

**No faxed or emailed applications will be accepted.**

**Please return applications to:**
Cuyahoga Community College
MUREP Aerospace Academy (MAA)
2900 Community College Avenue MLA 301
Cleveland, OH 44115

**Please keep this page for reference.**
MAA Fall 2017 Session Application

NASA Minority University Research and Education Project Aerospace Academy
The NASA MAA session runs September 16th-November 4th for 8 consecutive Saturdays
Please note that applications will not be accepted after Friday, September 8th
If this session fills to capacity please sign me up for the next session

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<tr>
<th>STUDE NT APPLI CATION</th>
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<tbody>
<tr>
<td>Student Last Name</td>
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<tr>
<td>Permanent Address</td>
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<tr>
<td>School Name</td>
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<td>Has the student previously attended MAA?</td>
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Are any children living with the student also applying for the MAA Fall 2017 Session? ☐ Yes ☐ No
If so, how many children will be applying?

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<tr>
<th>PARENT AND EMERGENCY INFORMATION</th>
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<tbody>
<tr>
<td>Parent/Guardian Last Name</td>
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<td>Email Address</td>
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<td>Parent/Guardian Last Name</td>
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<td>Emergency Contacts</td>
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<th>ADDITIONAL INFORMATION</th>
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<tr>
<td>Student Ethnic Background (check appropriate box)</td>
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<tr>
<td>☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Hispanic/Latino(a) ☐ Native Hawaiian/Pacific Islander</td>
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<tr>
<td>☐ White (Non-Hispanic) ☐ Other</td>
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<td>Does the student qualify for free or reduced price lunch? ☐ Yes ☐ No</td>
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<td>How did you hear about MAA? Circle all that apply</td>
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<td>☐ Classroom Visit ☐ Flyer/Brochure ☐ Magazine ☐ Newspaper ☐ Radio ☐ Religious Institution ☐ Student’s School ☐ Television</td>
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<td>☐ Word of Mouth ☐ Other (please specify): __________________________________________</td>
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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 is confidential.
NASA RELEASE AGREEMENT

I, ___________________________________ (Parent/Guardian), do hereby release and discharge National Aeronautics and Space Administration (NASA), the National MAA Office, this 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 and 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 others 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.

I hereby waive all rights of any nature in such recording(s) and the exhibition thereof. It is understood that this 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:________________________

______________________________

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: _________________________

***Epinephrine auto injector Release Forms available upon request***
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 Medical Specialist: ______________________________
Local Hospital: ______________________________

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 reasonable 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- REFUSUAL 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: ____________________
City/State/Zip: ____________________
STUDENT RELEASE AUTHORIZATION STATEMENT

Students enrolled in grades K-6 must be dropped off/picked up from the classroom by a parent/guardian. Students enrolled in grades 7-8 require parent signature to sign selves in and out. Grades 9-12 are permitted to sign selves in and out with no parental signature required. 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 Ohio Identification Card) is 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 Student Release Authorization Statement. Please list the name, phone number, and relationship of adults or siblings authorized to pick your child up.

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

I ______________________ (Parent/Guardian name, please print), authorize Tri-C MAA (Cuyahoga Community College MUREP Aerospace Academy to release ______________________ (student’s name and Grade, please print) to parties identified in the Student Release Statement.

_________________________________________  ______________________
Parent/Guardian Signature                  Date
TRI-C 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 Fall 2017 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 Parent or legal Guardian if Participant is under 18/ or dependent 18 and over) ____________________________

Relationship

______________________________

MUREP AEROSPACE ACADEMY (MAA) BEHAVIOR AGREEMENT

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
AGREEMENT FOR THE USE OF NAME AND LIKENESS

Name (Print): ____________________________________________
(use minor’s name)

Preferred method of contact: __________________________

E-mail 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, and employees (collectively, the “Affiliates”) to use my name, photograph, video, likeness, voice, statements or biological material (collectively, “Material”) 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 no aspect of this agreement or my participation in the Event(s) makes me an employee of the College. I agree that the College is not under any obligation to exercise any of the rights, licenses, and privileges herein granted.

If I am an employee of the College, all Material subject to copyright protection shall be a work-for-hire. If, for any reason, Material is deemed not to be a work-for-hire by a court of competent jurisdiction, then this agreement shall constitute an irrevocable assignment for the worldwide copyright in Material to the College.

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 and discharge the College and its Affiliates from all claims, liabilities, losses, and costs (including without limitation, attorneys’ fees and other costs of defense) that I may now or hereafter have against any of them 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 agree to indemnify and hold harmless the College and its Affiliates from and against any liabilities, losses, claims, costs (including without limitation attorneys’ fees and other costs of defense) and expenses arising out of or relating to my breach of this agreement.

This agreement impacts my legal rights and duties. I have read this document and fully understand it. Agreed and accepted:

I represent that I am a parent (or legal guardian) of the minor identified in the above agreement and I agree that we shall both bound by the agreement including without limitation its provisions relating to releasing, discharging, indemnifying and holding harmless the College and its Affiliates:

_____________________________                             ________________
Parent or Legal Guardian Signature                        Date of Signature