



Instructions for Teachers

Welcome to STARBASE Swamp Fox! We are excited that you and your students will be participating in our program. We are eager for the arrival of both you and your students. As we continue to implement activities into our new curriculum, we are certain you will find this year at STARBASE Swamp Fox exciting and educational! Each day will be filled with hands on activities that are designed to spark your students' (and yours along the way) interest in Science, Technology, Engineering, and Math.

We would like to make you aware of our expectations that are listed below. Although they may seem extensive, please understand each is necessary for the continued success of the STARBASE program. In order for us to maintain funding and, in turn, touch more students in the years to come, it is vital that we have paperwork completed, entirely. Without your support, we cannot gather the necessary data.

Teacher Expectations

- Forms must be completed in full and sent to our office as soon as possible, no later than one week prior to attending. No student or adult will be allowed to remain on site without the required forms. Adults may be required to show a PHOTO ID before being granted entry to the base.
- If your travel will delay more than fifteen minutes, please notify our office as soon as possible.
- You must remain with your students at all times during your STARBASE visit.
- Please assist the STARBASE staff with classroom management in all student activities, as requested.
- Packed or school lunches and beverages must be provided for adults and students. No dining or refrigeration facilities are available.
- All students and chaperones must select a call sign. Complete the Academy Roster (located in the Teacher Packet). The Roster must be completed (WITH CALL SIGNS) and returned to STARBASE at least one week prior to your first day, along with the school application and demographics form, so that we may prepare for each student. Roster can be faxed or emailed to the number or address on the form.
- Please collect ALL completed applications from students and chaperones. Please insure that all student applications are signed in ALL places by the parent or guardian.
- Please administer the Pre-Assessment Test prior to arriving to STARBASE. Turn in all tests upon arrival.



Monday Morning Checklist

- All permission forms for students
- All permission forms for teacher and chaperones
- Pre-Assessment Tests
- Lunches for all attending
- Photo ID for all adults
- Smiling faces and positive attitudes!!



Academy Roster

School: _____

Teacher Name: _____

Teacher Email: _____

McEntire JNGB – 1325 South Carolina Road; Stop 39 – Eastover, SC 29044
 (803) 647-8126 Fax: (803)647-8195

Please provide name and call sign (13 characters or less) for each student and teacher.
 Return this form **NO LATER THAN 1 WEEK PRIOR** to your first day. Roster may be
 faxed or emailed to : Elizabeth.barkley.ctr@ang.af.mil

	Gender	First & Last Name	Call Sign
1			
2			
3			
4			
5			
6			
7			
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12			
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STUDENT PERMISSION FORM

Student's Name _____

Release of Liability

I hereby grant my permission for the above named student to participate in the STARBASE program and its affiliated activities, including permission for photography and video taping for promotional purposes.

I understand this program is an educational experience with hands-on activities, teamwork, and building of self-confidence. I further understand that I may ask any and all questions prior to signing this consent form.

I, therefore, agree to assume any and all risk for above-mentioned individual to be involved in the STARBASE program and other activities related directly or indirectly to it.

In case of emergency, I authorize STARBASE and/or accompanying chaperone to obtain medical aid for the above named student, if they deem necessary.

Parent/Guardian Signature

Date

Signature is required. Unsigned applications will not be accepted.

HOLD HARMLESS AGREEMENT

PLEASE NOTE: THIS STATEMENT FOLLOWING IS LEGAL AND BINDING. DO NOT LATER MODIFY IN ANY WAY

In the event of an accident, illness or injury, and the persons on the Student Permission Form cannot be reached; I hereby give STARBASE personnel permission to take action as deemed necessary in the best interest of my child.

Furthermore, I take full responsibility for any damage that might occur to government/STARBASE property caused by my child. I understand this program is designed for "hands-on" activities, teamwork, and self-confidence. I agree not to hold the U.S. Government, South Carolina Military Department, The South Carolina National Guard, STARBASE sponsoring agencies, and/or its staff or representatives liable in any way for mishaps which could occur due to the nature of the activity in which my child is engaged. I also understand that the STARBASE staff reserves the right to terminate the participation of my child when it is deemed to be in the best interest of either the child, or the STARBASE Program, as determined by the STARBASE staff.

Parent/ Guardian Signature: _____ Date _____

Signature is required. Unsigned applications will not be accepted.

School: _____



Parental Consent & Emergency Health Form

Please **print** requested information in blue or black ink on and return to your **child's classroom teacher** by (date) _____.

Child's Name: _____

Parent/Guardian Name: _____

Address: _____, SC _____
Street City Zip

Home Phone: (____) _____ Work Phone: (____) _____

School: _____ Teacher: _____

Are there any health problems we should be aware of? If so, please list them and any precautions that should be taken:

Health Insurance Company: _____ Policy Number: _____

Medicaid ID (optional): _____

If there are specific instructions you would like us to follow in the case of illness or accident please provide this here (use back if necessary):

In the case of emergency, notify:

1. Name: _____ Contact Phone: (____) _____
Relation to child: _____

2. Name: _____ Contact Phone: (____) _____
Relation to child: _____



Teacher / Chaperone Participation Form

Teacher/Chaperone Name: _____

School: _____ Academy Start Date: _____

I acknowledge that I am voluntarily choosing to participate in STARBASE Swamp Fox, its affiliated activities, including permission for photography and video taping for promotional purposes.

I also acknowledge that I have been informed of the risks involved in such activity. Furthermore, I agree to not hold the U.S. Government, United States National Guard STARBASE Swamp Fox personnel, agents or representatives liable in any way should injury/death or disability results from my participation in STARBASE Swamp Fox. I take full responsibility for any damage that might occur to government/STARBASE Swamp Fox property, caused by myself.

Signature of Participant: _____

Date: _____