



MISSION AVIATION TRAINING ACADEMY

info@mata-usa.org · www.mata-usa.org

425-231-5855

**July 21-26, 2024**

Sunday 1:30 pm to 8 pm | Monday–Thursday 8 am to 8 pm | Friday 8 am to 5 pm

## MISSION AVIATION SUMMER CAMP APPLICATION

(Due to TSA restrictions, camp is open to U.S. citizens only.)

This page must be completed by a **parent or legal guardian**.

### Camper Information

\_\_\_\_\_ [  ] Male [  ] Female  
Camper Last Name First Name

\_\_\_\_\_ City State Zip  
Street Address

Age: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_ Citizenship: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

*\* Accurate height and weight are required for weight and balance in aircraft.*

### Parent/Guardian Information

#### 1st [ ] Parent or [ ] Guardian

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_ [  ] Mobile [  ] Home [  ] Work

Email: \_\_\_\_\_

#### 2nd [ ] Parent or [ ] Guardian

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_ [  ] Mobile [  ] Home [  ] Work

Email: \_\_\_\_\_

<b>For</b>	___ \$100 Deposit Received, Check # _____	___ Camper Code of Conduct
<b>MATA</b>	___ Medical Release	___ Passport or Birth Cert & Govt Photo ID
<b>Office</b>	___ Medical Insurance Information	___ Deposit check deposited on _____
<b>Staff</b>	___ Medication Permission	___ Acceptance email sent on _____
<b>Use</b>	___ Assumption of Risk & Release	___ Follow-up email sent on _____
<b>Only</b>	___ Camper Questionnaire & Self Evaluation	___ Balance paid _____ Ck # _____



## MEDICAL RELEASE, INFORMATION, & PERMISSION

This page must be completed by a parent or legal guardian.

### Medical Release Form

In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give MATA permission to act on my behalf in seeking emergency treatment for camper, \_\_\_\_\_, in the event MATA deems that such treatment is necessary. I give permission to those administering emergency treatment to do so, using whatever measures are deemed necessary.

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_ Email: \_\_\_\_\_

Any allergies (food or drug reactions): \_\_\_\_\_

Any medical conditions or physical limitations: \_\_\_\_\_

Any needed medication? List instructions for how much/how often below: \_\_\_\_\_

If parents are not available, please call the below relative or person:

Name & Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Insurance Information *(You may provide a copy of your insurance card if you wish).*

Name of Insurance \_\_\_\_\_ Address \_\_\_\_\_

Name of Holder \_\_\_\_\_ Contract/Policy \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

### Medication Permission

I grant permission for MATA staff to make available to the camper the medications of "Ibuprofen" (Advil), "Acetaminophen" (Tylenol), "Dimenhydrinate" (Dramamine)", and "Diphenhydramine" (Benadryl) anytime as directed by a medical professional of MATA's choice.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## ASSUMPTION OF RISK AND RELEASE

This section must be completed by a parent or legal guardian.

In consideration of Mission Aviation Training Academy (MATA) allowing me, or my child, (Participant) to participate in the Activities that are sponsored by, hosted by, or otherwise related to MATA, I agree as follows:

1. Authority. If Participant is a minor, I am the parent or legal guardian of the Participant and have authority to enter into this Agreement. I represent that: (a) I have authority to enter into this Agreement on behalf of anyone else who has legal rights regarding the Participant; or (b) everyone else with legal rights regarding the Participant has signed this release.
2. Voluntary Participation. I agree that my, or minor Participant's, involvement in the Activities is voluntary.
3. Camper Responsibility. I hold my child responsible for his/her own actions and expect him/her to be a cooperative member of the group so these activities can be a successful introduction to mission aviation. I understand that in the event this camper is sent home for not following the "Camper Code of Conduct" (attached), travel will be at my expense and all payments made to MATA will be forfeited and without refund.
4. Risk of Serious Injury or Death. I understand that the Activities could involve risks that may result in serious injury or death. These risks may include, but are not limited to, strenuous physical exertion, falls or other accidents, extreme conditions, and lack of available medical care. I voluntarily assume all such risks.
5. No Duty to Act on Conditions Specific to Participant. I understand and agree that MATA is not qualified to provide medical evaluation or treatment and that the number of participants may limit the ability of MATA to provide special care or attention to an individual Participant. I understand and agree that MATA has no duty to utilize the information above regarding medical conditions or other limitations faced by me or minor Participant.
6. Authorization to Engage Medical Treatment. I grant permission for MATA to authorize medical treatment for me or minor Participant, to call 911 for emergency medical aid, or take other measures to secure medical treatment if, in MATA's sole and absolute judgment, I or minor Participant becomes ill, sustains an injury, or otherwise requires medical treatment. I give consent to any physician, emergency aid responder, or other health care provider to administer drugs or medicine or to perform such medical treatment as such person determines necessary for the relief of pain or to preserve my or minor Participant's life or health. I assume full responsibility for all medical, rescue, transportation, and other expenses incurred on behalf of myself or minor Participant and understand I may be required to fully and immediately reimburse MATA for any of these expenses that MATA, in its sole and absolute discretion, chooses to advance.
7. Coverage of Medical Expenses. I understand that the effect of this release means that MATA's liability insurance, and the liability insurance of any co-sponsors, hosts, or related organizations, if any, would not provide coverage for any death, injuries, or medical expenses sustained by me or minor Participant. I agree that I or minor Participant has the necessary and



**ASSUMPTION OF RISK AND RELEASE – Continued**

appropriate medical, disability, and life insurance coverage to protect me or the minor Participant and survivors in the event of injury or death. From time to time, MATA may provide no-fault accident coverage for medical expenses arising out of an accident during the Activities (with the Participant’s medical insurance being the primary coverage). I understand that such coverage, if available at all, is limited in amount (typically \$5,000), is secondary to any medical coverage, does not cover all activities, and may not cover Participant at all. In signing this release, I am not relying on any promise of accident coverage by MATA and assume such coverage does not exist.

8. Choice of Law and Venue. MATA is located in Snohomish County, Washington. Regardless of the location of any Activities throughout the world, I agree that any dispute arising out of this release agreement or participation in any Activities will be governed by the laws of the State of Washington and venue will be in Snohomish County.

9. RELEASE OF CLAIMS. I RELEASE MATA (AND ANY CO OR RELATED ORGANIZATIONS), THEIR OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, VOLUNTEERS (COLLECTIVELY, RELEASED PARTIES), FROM ALL CLAIMS AND LIABILITIES OF ANY KIND, KNOWN OR UNKNOWN, INCLUDING, BUT NOT LIMITED TO, CLAIMS BASED ON THE NEGLIGENCE OF RELEASED PARTIES (EITHER INDIVIDUALLY OR COLLECTIVELY), RELATED TO OR ARISING, DIRECTLY OR INDIRECTLY, FROM MY OR MY CHILD’S (THE PARTICIPANT’S) PARTICIPATION IN THE ACTIVITIES, INCLUDING TRAVEL TO AND FROM THE ACTIVITIES. THIS RELEASE IS BINDING ON ME AND MY PERSONAL REPRESENTATIVE AND HEIRS. I HAVE CAREFULLY READ THIS DOCUMENT AND UNDERSTAND WHAT IT SAYS.

10. Publicity Release. I grant MATA permission to record, use, reproduce and publicly display pictures, videos, or audio of my or minor Participant's involvement in the Activities.

\_\_\_\_\_  
Signature (Parent / Guardian)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



## AVIATION CAMPER QUESTIONNAIRE

This page must be completed by **the camper**.

**Name of Camper:** \_\_\_\_\_

How did you hear about MATA's Aviation Summer Camp?

- Website    Former Summer Camp Student    Home School Conference  
 Newsletter    Missions Fest    Other: (please explain with detail).

Have you heard of mission aviation before, and if so, where?

Are you interested in mission aviation?

Briefly explain why you want to attend this camp and what you hope to gain from your experience.



## AVIATION CAMPER SELF EVALUATION

This page must be completed by the camper.

Name of Camper: \_\_\_\_\_

These questions are designed to help you, the applicant, understand the focus of summer camp. Please answer these questions by marking the scale in the appropriate place.

- |   | <b>WEAK</b> | <b>STRONG</b> |
|---|-------------|---------------|
| 1. Do you work well with others?                                      | _____       | _____         |
| 2. Are you punctual and dependable?                                   | _____       | _____         |
| 3. Do you have a desire to learn with a teachable spirit?             | _____       | _____         |
| 4. Do you perform and meet high standards?                            | _____       | _____         |
| 5. Do you take initiative and assume responsibility when appropriate? | _____       | _____         |
| 6. Do you listen well to authority?                                   | _____       | _____         |

- |  | <b>NO INTEREST</b> | <b>GREAT INTEREST</b> |
|--|--------------------|-----------------------|
| 7. Are you seeking to know Jesus Christ?                             | _____              | _____                 |
| 8. Are you considering your future life goals?                       | _____              | _____                 |
| 9. Are you reading your Bible consistently?                          | _____              | _____                 |
| 10. Are there opportunities in life that you are excited to explore? | _____              | _____                 |
| 11. Do you feel the desire to change the world for the better?       | _____              | _____                 |
| 12. Do you wish to serve God and your fellow man?                    | _____              | _____                 |



## **CAMPER CODE OF CONDUCT**

*(Our expectations for you, the camper)*

This page must be completed by **the camper**.

**Name of Camper:** \_\_\_\_\_

***As a MATA Aviation Summer Camp participant, I will strive in every way ...***

**A. to RESPECT:**

- 1) the leadership, my fellow campers, the facilities, property, and equipment.
- 2) the daily schedule, and will be on time for meals, meetings, training, and activities.

**B. to DRESS according to the following guidelines for the purpose of safety and respecting those around me:**

- 1) **I will NOT bring:**
  - a. clothing with inappropriate logos, images, or words.
  - b. dresses, leggings, or skin-tight clothing.
- 2) **I WILL bring:**
  - a. closed-toe shoes and socks for flying (e.g., tennis shoes, etc.).
  - b. shorts (knee length), jeans, or comfortable pants.

**C. to ADHERE to not using personal cell phones and/or personal electronic devices at any time. (All exceptions must be previously approved by the camp director or chief flight instructor).**

**Note:** We at MATA will take photos and videos to document your camp experience.

**D. to HAVE a servant's heart and a teachable spirit:**

- 1) while doing my best to learn all I can from the MATA staff, flight instructors, and missionaries present at the camp.
- 2) while assisting and helping during meal times or hangar clean-up.
- 3) while interacting with and getting to know my fellow campers.

***Finally, I understand that if at any time my conduct warrants a dismissal from camp, all camp payments will be non-refundable per the MATA Application "Assumption of Risk and Release".***

I have read and agree to follow the Camper Code of Conduct.

\_\_\_\_\_  
Signature of Camper

\_\_\_\_\_  
Date



## APPLICATION FEE & ID

Please mail your completed application following the instructions below.

Applications will not be considered for acceptance until we have received everything required.

A phone interview will be done with each camper before acceptance.

If your camper is accepted, the remaining \$550 balance must be paid in full by June 1<sup>st</sup>, 2024, and may be paid by check, cash, or bank transfer.

<p><b>Mail application to:</b> <b>MATA</b> <b>P.O. Box 3655</b> <b>Arlington, WA 98223</b></p>	<p><b>Include:</b></p> <ul style="list-style-type: none"><li>▪ This Entire Application Packet. Double check that it is filled out completely and correctly and that all signature spaces are signed.</li><li>▪ \$100 non-refundable fee.</li><li>▪ Proof of U.S. citizenship<ul style="list-style-type: none"><li>○ The camper's unexpired U.S. Passport</li><li><b><u>OR</u></b></li><li>○ <u>Both</u> a birth certificate <u>and</u> unexpired government-issued photo ID.</li></ul></li></ul> <p>Note: If the camper does not have a driver's license, he may apply for a state ID card through the driver licensing office. (School identification cards are not accepted).</p>
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