REGISTRATION FORM WRIGHT-PATTERSON AFB JOB SHADOW DAY Friday, 28 March 2014 from 8:30 a.m. - 2:30 p.m.

PLEASE PRINT

STUDENT NAME:		GRADE:	AGE:
Email Address:			
EMERGENCY CONTACT INFO:			
	NAME/PHONE NUMBER		
SCHOOL:			
JOB SHADOW EXPERIENCE D	ESIRED: (Please Indicate 1 st , 2 nd 3 rd , 4 th and 5 th	Choices)	
Accounting	Cyber Communications	Meteorology	y
Acquisitions	Electrical Engineer	Military Sale	es/Contract
Aero	Engineering	Modeling &	Simulation

Aero	Engineering	Modeling & Simulation
Aerospace Physiology	Environmental	Nursing
AF School of Aerospace Medicine	Explosive Ordnance Disposal,	Paralegal
	Military Bomb Squad	
Air Traffic Controller	Finance	Paramedic
Aircraft Maintenance	Foreign Military Sales	Pharmacist
Architecture	Human Factors & Engineering	Physics
Base Commander	Human Resources	Program Management
Bioenvironmental Engineer	Information Management	Purchasing
Biology	IT Support	Security Forces
Biomedical Engineer	Management Analyst	Supply Management
Bio-nanotechnology	Mathematician	Technology Transfer
C-17	Medical	Telecommunications
Civil Engineering	Medical Administration	Visual Imaging
Computer Technology	Medical Research	Wargame
		Fire Fighting

SCHOOL CONSENT FOR STUDENT TO PARTICIPATE

I hereby grant permission for the student listed above to participate in the Wright-Patterson AFB Job Shadowing Day program **Friday, March 28, 2014 from 8:30 a.m. - 2:30** p.m.

SCHOOL OFFICIAL NAME (PRINT):	STUDENT IS U.S CITIZEN:
SCHOOL OFFICIAL SIGNATURE:	(CIRCLE)
SCHOOL PHONE:	YES NO
E-MAIL:	I verify the student is a U.S. Citizen

PARENTAL CONSENT: Statement of Understanding, Hold Harmless Agreement and Photo Release

In consideration of the United States Air Force allowing my child or child under my legal guardianship, to visit Wright-Patterson Air Force Base for Job Shadowing activities, I, the undersigned, do grant permission to participate and agree to forever hold harmless Wright-Patterson Air Force Base, the United States Air Force, and the United States of America, its members, employees, and agents, whether acting officially or unofficially, from any and all actions, claims, and demands by reason of any damage, loss, or injury (including death) which may be sustained to my child or child under my guardianship, and arising out of, or incidental to participation in the Job Shadow day.

I, the undersigned, also hereby grant permission for the child listed above to appear in a photograph, video or digital imagery that may be taken and used by the Wright-Patterson Air Force Base Educational Outreach Program. I hereby waive any monetary or other rights that I have to inspect and/or approve the finished product of the copy.

Print Name

Phone and Hours You Can Be Reached

Parent Signature

Date

E-MAIL

Late, incomplete and/or illegible forms will not be accepted Visit <u>http://edoutreach.wpafb.af.mil/ed_outreach/pages/job_shadow.html</u> on how to submit