FOR OFFICIAL USE ONLY WHEN FILLED IN - PRIVACY SENSITIVE Any misuse or unauthorized disclosure of this information may result in both criminal and civil penalties

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NAVAL AIR WARFARE CENTER AIRCRAFT DIVISION EDUCATIONAL OUTREACH OFFICE (EOO) ROBOTICS CAMP WITH growingSTEMS REGISTRATION											
Privacy Act Statement:											
Authority: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; OPNAVINST 5530.14E, Navy Physical Security and Law Enforcement Program; Marine Corps Order P5530.14, Marine Corps Physical Security Program Manual; and E.O. 9397 (SSN), as amended. SORN NM05512- 2, <u>http://dpcld.defense.gov/Privacy/SORNs.aspx; Privacy Impact Assessments HRCP PIA;</u>											
<ul> <li>Purpose: Control physical access to DoD, DON or U.S. Marine Corps Installations/Units controlled information, installations, facilities, or areas over which DoD, DON or USMC has security responsibilities by identifying or verifying in individual through the use of biometric databases and associated data processing/information services for designated populations for purposes of protecting U.S./Coalition/allied government/ national security; issue badges; maintain visitor statistics collect information to adjudicate access to facility; manage, supervise, and administer programs for all DON civilian, military, and contractor personnel.</li> <li>Routine Use(s): Educational Outreach Office uses to permit students and parents to participate in specialized programs; Security Office to issue badges, control access and grant access.</li> <li>The DoD Blanket Routine Uses set forth at the beginning of the Department of the Navy's compilation of systems of records notices may apply to this system. The complete list of DoD blanket routine uses can be found online at: <a href="http://dpcld.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx">http://dpcld.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx</a>.</li> <li>Disclosure: Proving the information below is voluntary; however, failure to provide the requested information may result in not being considered for the program.</li> </ul>											
			CAMP IN	FORMATION							
1. Please choose wh	nich camp	week you woul	d like to attend: $\Box$	Session I: July 12 – 1	6, 202	1					
	1	2		Session II: July 26 –							
			STUDENT	INFORMATION	1						
<b>STUDENT INFORMATION</b> Please answer all the following questions. Once completed, scan or take a photo of the entire registration form and email it to the following											
email address: <u>SEORoboticsCamps@growingstems.org</u> .											
**If you don't know the answer, please put "IDK" or if the question is not applicable, please put "N/A".**											
2. First, Middle, La	st Name:										
3. Home Address:											
4. Date of Birth:			5. Home Phone:			6. Cell Phone:					
7. Email Address:							8. Grade:				
9. School Name:						chool County:					
ALLERGIES AND SPECIAL ACCOMMODATIONS											
11. Is the student a	llergic to p	beanuts?	∃Yes □No 12. E	Does the student have a	an airb	orne peanut allergy	? □Ye	s 🗆 No			
13. Are there other	allergies.	health concerns	or medications that wil	I restrict the student f	rom an	v activities? *If ve	s. explain bel	OW.			
						<i>yy</i>	-, <u>r</u>				
14. Does the attendee require any special accommodations? *If yes, explain what accommodations are needed below.											

OMB 0703-XXXX Exp Date XX XXX OMB Pending

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## PARENT(S) / GUARDIAN(S) CONTACT INFORMATION

	(	(-) (-) -									
15. Parent/Guardian First	and Last Name:										
16. Email Address:											
17. Work Phone:		18. Home Phone:			19. Cell Phone:						
20. Parent/Guardian First and Last Name:											
21. Email Address:											
22. Work Phone:	23. Home Phone:				24. Cell Phone:						
OTHER PARTY RELEASE IN FORMATION											
25. Adult Driver First and	l Last Name:	26. Rela	elationship to Student:								
27. Home Address:											
28. Work Phone:		29. Home Phone:			30. Cell Phone:						
DRIVING ARRANGEMENTS / ACCESS											
31. If the student is being driven on base, does the driver have base access?											
<ul> <li>*If you answer 'no' to above question (#31), the driver will need to contact the Naval Air Warfare Center Aircraft Division (NAWCAD) EOO by telephone at (301) 757-6690 with the following information: 1) Name, 2) Relationship to Child, 3)Social Security Number,</li> <li>4) Date of Birth, 5) Place of Birth, 6) State of Birth, 7) Birth Country, 8) Citizenship, 9) Home Address</li> <li>DO NOT SEND ABOVE LISTED INFORMATION BY EMAIL</li> </ul>											
CONSENT / AUTHORIZATIONS											
32. I give my consent for my child to take part in all activities that are arranged for the program participants including riding in provided van transportation. I further certify that he/she is in good health and is capable of fully participating in all activities. I acknowledge that persons who use the facilities of the Patuxent River Naval Air Station do so at their own risk and that the employees and agencies of the U.S. Government and/or the NAWCAD are not responsible for the loss of personal property, injury or loss of life.											
Parent/Guardian Signature	::				Date:						
33. I understand and authorize that throughout the program, pictures and/or video may be taken and may be used to promote the programs and these photos will become NAWCAD property. If you do not wish to have your child photographed, please inform the NAWCAD EOO.											
Parent/Guardian Signature	::				Date:						
34. I hereby give my consent for an authorized representative from the NAWCAD EOO to call an ambulance for my child,											
<i>(Student Name)</i> for medical care in an emergency situation. I understand that conscientious effort will be made to notify the parents/guardians prior to such action. Any expense incurred will be borne by the parent/guardian and treatment may take place at any medical facility.											
Parent/Guardian Signature	::				Date:						
If you have any additional questions, please contact the NAWCAD EOO at (301) 757-6690.											