

Student Information

Student Name (1st Child) _____

M/F _____ Age _____ Date of Birth _____

Student Name (2nd Child) _____

M/F _____ Age _____ Date of Birth _____

Family Information

Street Address _____

City/State _____ Zip Code _____

Mother's Name _____ Father's Name _____

Mother's Employer _____ Father's Employer _____

Mother's Phone _____ Father's Phone _____

Email Address _____

** Please provide the most reliable email address for child's main residence. We may email newsletters and other important information.*

Parental Photo/Video Usage Waiver

** By signing this waiver box, I agree to allow Flight Club use and reproduction of photographs and digital images (photo and video) taken of the children listed above for the purposes of marketing, internet marketing, public relations, and promotions. I understand that last names will NOT be used by any individuals.*

Parent Signature _____

or _____ I would rather my child's images not be used.

Please provide the information below so we may act quickly in the event of an accident. Parents/guardians will always be the first contacted in the even of an emergency. Who shall we call if parents/guardians cannot be reached?

Name/Relation _____ Phone # (____) _____

Name/Relation _____ Phone # (____) _____

Name/Relation _____ Phone # (____) _____

Medical Information

Physician's Name _____ Physician's Phone (____) _____

Medical Insurance Company _____ Policy # _____

Are there any medical conditions to which we should be alerted? _____

ACKNOWLEDGEMENT

As parent or legal guardian, I understand that registration in Flight Club is dependent upon acceptance of the terms set forth on the Waiver and Consent on the reverse side of this form

Signature of Parent or Legal Guardian _____

Date _____