

Summer Camps 2019

REGISTRATION FORM

PARTICIPANT INFORMATION

Please type or print legibly

Last Name: _____ First Name: _____

Gender: Female Male Age: _____ Birthday: ____/____/____

School: _____ Grade attended year 2018-2019: _____

Home address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Parent email: _____

 Please list ADA Accommodations needed: _____

Mother's name: _____

Father's name: _____

Mother's day phone: _____

Father's day phone: _____

Mother's cell: _____

Father's cell: _____

Person's authorized to pick up child: _____ (Please provide a copy of their ID)

Other Dismissal Arrangements: _____

Emergency contact*: _____ Relationship: _____ Phone: _____

Choose Spring Break Camp: *All Camps are from 9:00 AM- 4:00 PM

(See payment information on last page)

_____ ACE Junior Flyers: June 10-14

_____ ACE Future Flyers: June 17-21

Questions, concerns, or for more information, contact:

Molly Kinyon
Program Specialist
704-997-3770 ext. 3782
Email:
molly@carolinasaviation.org

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

DROP OFF AND PICK UP TIMES

Pick up time:

- 4:00 pm
- A \$1 fee will be charged for every minute late after a 10 minute courtesy wait

REQUIRES PARENT'S SIGNATURE:

You have our permission, in the event of an emergency and in case we are unavailable, to authorize any physician, nurse practitioner or medical personnel to examine, interview, test and if necessary, treat my child _____ as they may deem advisable.

Parent/Legal guardian name (*please print*): _____ Date: _____

Parent/Legal guardian Signature: _____ Date: _____

Medical Information:

Specify any of student's health concerns: _____

Is student on any medication? No___ Yes ___ If yes, please specify: _____

Student Allergies: _____

Student Medical Problems: _____

Doctor: _____ Phone number: _____

Insurance carrier: _____ Policy number: _____

Photo Consent Release: We may take photographs or videos from time to time for promotional purposes showing students involved in educational activities for website, brochures, posters, etc. If we have your permission, please read the following, sign and date.

*I hereby give permission to **Carolinas Aviation Museum**, to photograph and/or videotape my child for educational or promotional purposes. _____(Please Initial)*

PARENT STATEMENT

I hereby state that (camper's name) _____ is in good mental and physical health condition to participate in the activities provided by **Carolinas Aviation Museum**. I hereby release **Carolinas Aviation Museum, its employees and its staff** from liability to the above named camper.

I understand that **Carolinas Aviation Museum** has the right to deny admittance to any camper not meeting the standards of the program as it sees fit. I also agree not to hold these parties responsible in the event that my son/daughter/child engages in inappropriate conduct (including, but not limited to disruptive or volatile behavior in or out of camp, etc.) or becomes involved in any activity or with any persons not associated with **Carolinas Aviation Museum**, or its scheduled program and that **Carolinas Aviation Museum**, has the right to send him/her home for inappropriate conduct. I further attest that the information contained in this application is correct to the best of my knowledge.

Parent Signature: _____ Date: _____

Payments

Payments: Camp Fee may be paid by cash, check, or credit card.
Make the check payable to: Carolinas Aviation Museum

Session Fees: \$300 members/\$350 non-members due prior to session to reserve your spot

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization any time by contacting us.

Credit Card Information

Card Type: MasterCard VISA Discover Other _____

Cardholder Name (as shown on card):

Card Number:

Expiration Date (mm/yy):

Card Security Code:

Cardholder Billing Address:

Address: _____

City: _____ State: _____ ZIP: _____

I, _____, authorize Carolinas Aviation Museum to charge my credit card above for agreed upon purchases.

Customer Signature: _____ Date: _____

*You will be electronically sent a receipt for the above transaction.