

2017 CAMPER REGISTRATION

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ D.O.B. _____ Sex: M__ F__

City: _____ State: _____ Zip: _____

Parents: _____ Phone: _____

Email Address for Camp Communication: _____

What Grade Will You Be Entering In the 2017-2018 School Year: _____

What School Do You Attend: _____

Sports You Participate In: _____

What Youth Organization are you a part of: _____

Date of Last Physical: _____ Are You Medically Cleared for Activity: Yes__ No__

Please list any medical conditions and current medications: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Please read before signing!

By signing this form, I certify my child, _____, is physically fit, has completed a physical within the last year, and is able to participate in the strenuous activities that will be provided by Flight Tyme. I also understand that there are inherent risks with all physical activity, and therefore, will hold Flight Tyme and its instructors harmless in the event my child suffers any injury while involved in the camp. In the event my child is injured, I also authorize Flight Tyme to seek medical attention, including permission to have my child transported to the nearest medical facility for treatment.

Parent Signature (if camper is under 18): _____ Date: _____

Camper: _____ Signature: _____ Date: _____

Photos and videos will be taken for future promotional use for Flight Tyme's purposes only. By signing here you approve of Flight Tyme's promotional use of you/your child's image on its website and future promotions.

Parent Signature (if camper is under 18): _____

Camper: _____ Signature: _____ Date: _____