

Learning2Fly Youth Programs

Health, Art and Circus Skills Camp

REGISTRATION/EMERGENCY NOTIFICATION FORM

All information must be legible with required signatures in order to process these forms.

(Please Print)

STUDENT INFORMATION

Participant's legal name:		Birth Date:	
Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F		
Street address:		Home phone no.: ()	
P.O. box:	City:	State:	ZIP Code:
Parent or Guardian:	Relation:	Contact phone no.: ()	
How did you hear about our youth camps?			
<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Radio	<input type="checkbox"/> Television <input type="checkbox"/> Other
Other family/friends who are members here:			

VOLUNTARY MEDICAL INFORMATION

(Please give your insurance card to the receptionist.)

Health Conditions (Check all that apply):

- Asthma ADD Bone Disease Contact Lens/Glasses Diabetes Ear Infections Emotional Disturbances
 Frequent Headaches Frequent Stomach ache Head Injury Hearing impairment Heart/Blood disease Kidney Disease
 Menstrual Cramps Surgeries Throat Infections Other

Learning2Fly Hold Harmless Agreement

I hereby register my child to participate in the summer youth program to be held at Learning2Fly. I hereby release Learning2Fly, its trustees, officers, employees and agents from any and all liability for all injuries or damages suffered while participating, preparing to participate or otherwise engaged in activities connected with this program. The undersigned agrees to assume all risks, and recognizes that despite the exercise of reasonable safety precautions by Learning2Fly, injury is possible whenever one engages in physical activity. If an emergency arises, I authorize emergency treatment or hospitalization when deemed necessary by Learning2Fly personnel. I hereby authorize Learning2Fly to show and reproduce the name, photograph or photographs, pictures and film taken of the student mentioned above for the purpose of promoting Learning2Fly, and its programs.

I have read and understand the Youth Enrollment Procedures, and this Learning2Fly Hold Harmless agreement. **If under 18 years, this release must be signed by one who has the authority to consent to the medical care of the child.**

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address):	Relationship to patient:	Home phone no.: ()	Work phone no.: ()
The above information is true to the best of my knowledge. I authorize my insurance benefits be paid directly to the physician. I understand that I am financially responsible for any balance. I also authorize Learning2Fly or insurance company to release any information required to process my claims.			
_____ <i>Patient/Guardian signature</i>		_____ <i>Date</i>	