

# Learning2Fly Youth Programs

## Health, Art, and Aerial Silks Youth Camp

### REGISTRATION/EMERGENCY NOTIFICATION FORM

All information must be legible with required signatures  
(Please Print)

PARTICIPANT INFORMATION				
PARTICIPANT'S NAME:			PARTICIPANT'S BIRTHDATE:	
AGE:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F			
STREET ADDRESS:			HOME PHONE NUMBER:	
P.O. BOX:	CITY:	STATE:	ZIP CODE:	
PARENT OR GUARDIAN:	RELATION:	CELL PHONE NO:		
HOW DID YOU HEAR ABOUT LEARNING2FLY?				
<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Radio	<input type="checkbox"/> Television	<input type="checkbox"/> Other
<b>PARENT/GUARDIAN EMAIL:</b>				

OTHER RELEVANT INFORMATION PROVIDED

#### **Learning2Fly Participant Agreement, Release, and Assumption of Risk**

I hereby register my child to participate in activities to be held at Learning2Fly and hereby incorporate herein by reference my agreement to, and acceptance of, for myself and on behalf of my child, all of the terms and conditions of that certain Participant Agreement, Release, and Assumption of Risk agreement as set forth on the Home Page of the Learning2Fly website ([www.iAmLearning2Fly.com](http://www.iAmLearning2Fly.com)).

IN CASE OF EMERGENCY			
NAME OF EMERGENCY CONTACT:	RELATIONSHIP TO PARTICIPANT:	HOME PHONE:	WORK PHONE:
<p>The above information is true to the best of my knowledge. I hereby authorize Learning2Fly LLC to release any information required to obtain or facilitate emergency medical care should that become necessary in the course of participation in the activities contemplated herein.</p>			
<p>_____</p> <p><i>Patient/Guardian signature</i></p>		<p>_____</p> <p><i>Date</i></p>	