



After School Program 2023-2024

STUDENT New Returning Male Female

Child's Name: First _____ Middle _____ Last _____

School Attending _____ **Grade** _____

Birth date ___/___/___ **Age** _____

Street Address _____

Town/City _____ State _____ Zip Code _____

Camper Lives with _____

Parent/Guardian

First _____ Last _____ Ms. Mrs. Mr. Other

StreetAddress _____

Town/City _____ State _____ Zip Code _____ ***Primary Phone*** _____

Cell Phone _____

Place of Employment _____ ***Work Phone*** _____

Email _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other

StreetAddress _____

Town/City _____ State _____ Zip Code _____ ***Primary Phone*** _____

Cell Phone _____

Place of Employment _____ ***Work Phone*** _____

Email _____

Emergency Contact #1

First Name _____ Last Name _____ Primary Phone _____

Cell Phone _____ Relationship to Student _____

Emergency Contact #2

First Name _____ Last Name _____ Primary Phone _____

Cell Phone _____ Relationship to Student _____

Pick up Authorization

Only the following person, include parents if applicable, are authorized to pick up my child (ren). They will be asked to provide identification. If anyone else will be picking up my child (ren), I will send a note, signed by me, to Flight Adventure Park

Name	Relationship	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Health Information

Health History: Check all conditions applicable and attach any extra information that we need to know.

- Asthma
 Chronic Constipation
 Fainting
 Heart Disorder
 Kidney Disorders
 Tuberculosis
 Athlete's Foot
 Chronic Cough
 Frequent Ear Infections
 Head Lice
 Mononucleosis

 Blood Transfusion
 Convulsions
 Frequent Strep Throat
 Hepatitis
 Past Surgery
 Wheezing
 Chicken Pox
 Diabetes
 German Measles
 HIV Virus

Other Please Explain:

Allergic Reactions: Insects
 Stings
 Drugs
 Plants
 Food

Other Please Explain:

Any activity or dietary restrictions:

Please describe any special needs your child may have:

PLEASE READ CAREFULLY

- The proper use of face coverings is optional in accordance with CDC, State and/or local guidance.
- We reserve the right to conduct wellness screenings and temperature checks upon entry to the park.
- Follow all posted instructions while visiting the park. An inherent risk of exposure to COVID-19 exists in any public place where people are present; we cannot guarantee you will not be exposed during your visit.
By visiting the park, you voluntarily assume all risks related to exposure to COVID-19.
- All Children will be giving two pair of socks on their first day of the afterschool program. If those socks are lost, stolen, etc. The socks must be purchased.

1. I understand that no refund or adjustments are granted for illness, vacation or when Flight Adventure Park Afterschool is cancelled due to inclement weather. Program payment is not transferable from one participant to neither another, nor one program to another.

2. I understand that Flight Adventure Park Afterschool does not administer over the counter medication. In the event of an emergency in which I cannot be contacted, Emergency Medical Staff and the Plex may take appropriate action to best serve the interest of my child.

3. This application is made with the express understanding that Flight Adventure Park is not responsible for any sickness or injury that the applicant may receive while in attendance at the Flight Adventure Park Afterschool Program.

4. Effective discipline permits a child to learn appropriate behavior from the consequences which result from inappropriate action. We try to set limits, help children understand the rules, and give clear definitions of acceptable and unacceptable behavior. Flight Adventure Park reserves the right to dismiss any child who becomes disruptive and or unresponsive to our methods of discipline during the program.

5. I also give my permission for photographs taken of my children during summer camp programs and activities to be used Flight Adventure Park promotional material without thought of remuneration.

6. I understand my child must have a safety wavier on file before they can register.

Late Fees

I understand If I pick my child up late, after 6PM, I will have to pay a 10\$ fee at pickup. **Int:**

I understand if payments are not paid by Friday for the following week that is being attended, there will be a late fee of 10\$ **INT:**_____

Signature:

_____ **Date:**_____



ATTENTION RICHLAND 2 & TRANSPORTATION DEPARTMENT

DATE _____

To Whom It May Concern:

Please allow my child _____, to ride the Flight Adventure Park Afterschool bus to attend the Flight Adventure Park Afterschool Program.

I will pick him/her up from Flight Adventure Park no later than 6:00pm each day.

This will be until further written notice by me.

Sincerely,

(Parent Signature)

Checklist:

- Waiver
- Application
- Socks

Received /Completed

INT: _____ Date: _____

INT: _____ Date: _____

INT: _____ Date: _____

Manager signature: _____

Parent Signature: _____