



# SUMMER CAMP PROGRAM 2022

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

Street Address \_\_\_\_\_

Town/City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ **\*Primary Phone\*** \_\_\_\_\_

**\*Cell Phone\*** \_\_\_\_\_

Place of Employment \_\_\_\_\_ **\*Work Phone\*** \_\_\_\_\_

**\*Email\*** \_\_\_\_\_

## Parent/Guardian #2

First \_\_\_\_\_ Last \_\_\_\_\_ ☐ Ms. ☐ Mrs. ☐ Mr. ☐ Other

Street Address \_\_\_\_\_

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**

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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:

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Allergic Reactions: ☐ Insects ☐ Stings ☐ Drugs ☐ Plants ☐ Food

☐ Other Please Explain:

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Any activity or dietary restrictions:

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### **PLEASE READ CAREFULLY**

- The proper use of face coverings is required 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.

1. I understand that no refund or adjustments are granted for illness, vacation or when Flight Adventure Park Summer Camp is canceled 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 Summer Camp does not administer over the counter medication. In the event of an emergency in which I cannot be contacted, Emergency Medical Staff and Flight 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 Flight Summer Camp.

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.) Participants will receive two pairs of jump socks per week. If child does not come with socks after the two pairs, it will a \$4+ tax add-on per pair of jump socks.

Signature:

Date: \_\_\_\_\_



## SUMMER CAMP PROGRAM

DATE \_\_\_\_\_

To Whom It May Concern:

Please allow my child \_\_\_\_\_, to ride the Flight Summer Camp bus to attend the Flight Adventure Park Summer Camp 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)