

Participant Registration Form

Camper's Name: _____ Birthday: _____ Gender: _____

Address: _____ City/State/Zip: _____

Grade for 2016-2017: _____ (Circle One) Member or Non Member

(Circle One) Flying Gizmos (K-2nd) *Future Engineers (3rd-5th)*

Parent/Guardian: _____ Day Phone Number: _____

Email Address: _____ Alternate Number: _____

Emergency Contact Name: _____ Relationship: _____

Phone Number: _____

Allergies (list reaction and treatment): _____

Any special needs or information that Kansas Aviation Museum should know about:

Submit payment to Kansas Aviation Museum, 3350 George Washington Blvd, Wichita, KS 67210

Camp Total: _____

Payment: _____

Check # _____ Credit Card #: _____ Exp. Date: _____

**Please make check payable to Kansas Aviation Museum*

MC ___ VISA ___ AMEX ___ DISC ___

Please return form to Rebecca Payne by e-mail at rebeccapayne@kansasaviationmuseum.org, by mail, or in person. Deadline to Register for Flying Gizmos is July 21st. Deadline for Future Engineers is July 28th.

My child, _____, has permission to fully participate in 2017 Kansas Aviation Museum's summer camp. I, as parent/legal guardian, do hereby grant the KAM staff and designated adults the right to authorize emergency medical treatment for my child in the event that I or my designated representative cannot be reached. I agree to hold harmless Kansas Aviation Museum and its agents from liability resulting from an accident. I hereby grant permission for staff to take whatever steps may be necessary to obtain emergency treatment for my child. These steps may include, but are not limited to, the following:

1. In a life-threatening emergency or urgent situation, staff will call 911 before making any attempt to contact parents.
2. For a non-life threatening emergency, we will attempt to call the parent/guardian first, and if we cannot reach them, we will attempt to contact the Emergency contact. If we cannot make an appropriate contact, we will call paramedics.

I understand that KAM and staff will not be responsible for anything that may happen as a result of false information provided by parents/guardians, or as a result of the parent/guardian's failure to provide information at the time of enrollment. I understand that staff will not administer drugs or medication. I understand that all Emergency Information on the Registration Form must be completed before my child may attend camp.

Participation for your child in KAM's Summer Camp Program constitutes your agreement to this waiver. You must cancel two weeks prior to start of camp for refund. Camper registration fee must be paid in full at the start of the camp. I have read and understand all policy and procedural information.

Signature: _____

Date: _____

Publicity Release Form:

I authorize Kansas Aviation Museum to use a photograph or other image of my child for public relations purposes connected to this summer camp program and future programs associated with Kansas Aviation Museum. I understand that my child's name will not be published with an image. I don't receive any monetary value.

Signature: _____

Date: _____

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BASIC HEALTH INFORMATION

Date of Last DTa/DTP/DT/Td: Year _____

MMR Current: Yes No

Camper's Physician or Healthcare Provider: _____

Telephone: _____

Check circle what applies:

ADD

Asthma Mild

Hearing Impaired

Diabetes

Mobility Limitations

Developmental Delay

Seizures or Epilepsy

Allergies (List All allergies with reactions and treatments):

Medications (List All Medication with dosage while at camp):

Special Dietary Needs:

Describe any special needs, recent operations or injuries, or health emotion issues:



Photo Model Release:

All photographers and videographers taking photos and video on Kansas Aviation Museum property, of Kansas Aviation Museum events or for use by the Kansas Aviation Museum must obtain a signed model release form from any staff or member of the public who is visibly recognizable in the photograph or video. Crowd scenes where no single person is the dominant feature are exempt.

This guiding principle governs photographs and video intended for use in any Kansas Aviation Museum publication or exhibit of a marketing or a public relations nature. Releases must also be obtained for any photos or video used in but not exclusive to: website, exhibits, newsletters, brochures, signage and media, including newspapers, television, magazines and social media.

Photos and/or video obtained by Kansas Aviation Museum staff are the sole property of Kansas Aviation Museum. Photographs and/or video taken by outside sources such as students, educators and Kansas Aviation Museum guests, obtained for Kansas Aviation Museum use, are the sole property of Kansas Aviation Museum.

I hereby grant Kansas Aviation Museum, its agents, assigns, licensees, successors in interest and legal representatives permission to interview me, to use my name (or fictional name), to utilize my likeness in photograph(s) or video including composite or distorted representations for advertising, trade or other lawful purposes in any and all Kansas Aviation Museum publications and marketing and in any and all other media, whether now known or hereafter existing, controlled by Kansas Aviation Museum, in perpetuity.

I hereby hold harmless and release and forever discharge Kansas Aviation Museum from all claims, demands and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate or may assert as arising there from.

I waive any right to inspect or approve the finished version(s), including written copy that may be created and appear in connection here with.

(Signature needed on back)

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I am 18 years of age or older and am competent to contract in my name. I have read this release before signing below and I fully understand the contents, meaning, and consequences of this release.

Signature

Date

Printed Name

Date

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of

and do hereby give my consent without reservation to the foregoing on behalf of this person.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Date

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