



Kansas Aviation Museum, Inc. 2018 KAM Summer Camp Registration Form

Camper's Name: _____ Date of Birth: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Grade for 2018-2019: _____

Wonders of Flight (3rd-8th grade) \$75.00 _____ July 24-27

Camp runs Tuesday- Friday from 10:00 a.m.-2:00 p.m. Please bring a sack lunch each day.

Parent #1/Guardian

Full Name: _____ Day Phone Number: _____

Email Address: _____ Alternate Number: _____

Parent #2/Guardian

Full Name: _____ Day Phone Number: _____

Email Address: _____ Alternate Number: _____

(Circle One) Member or Non Member

Additional Contact If Both Parents/Guardians Cannot Be Reached:

Emergency Contact Name: _____ Relationship: _____

Phone Number: _____ Alternate Number: _____

(Over)

Person(s) Authorized To Take Camper Off KAM Property Without Parent/Legal Guardian(s) Present:

Name: _____ **Relationship to Camper:** _____

Phone: _____

Name: _____ **Relationship to Camper:** _____

Phone: _____

My child, _____, has permission to fully participate in the 2018 Kansas Aviation Museum, Inc. Summer Camp. I, as parent/legal guardian, do hereby grant the Kansas Aviation Museum, Inc. 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, Inc. (KAM) and its agents from liability resulting from an accident or negligence. I hereby grant permission for staff to take whatever steps may be necessary to obtain emergency medical 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 911 paramedics.

I understand that Kansas Aviation Museum, Inc. 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 the camper's paperwork is submitted. I understand that staff or other KAM volunteers will not administer drugs or medication with the exception of a life threatening situation. e.g. EPI Pen due to a life threatening allergic reaction.

I, as parent/legal guardian, understand that my child will not be allowed to attend the KAM Summer Camp in any way until the Summer Camp Registration and Camp Medical Health Forms have been completed in entirety, received, and approved. I, as parent/legal guardian, have read and understand all policy and procedural information.

Registration deadline is Monday, July 16, 2018.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____

Payment and Forms should be sent to Magan Bearman at:

Kansas Aviation Museum, Inc.
3350 S. George Washington Blvd.
Wichita, KS 67210

Payment Methods Accepted:

Cash, Credit/Debit Cards, Money/Cashier Orders (No Personal Checks Accepted)