

# Museum of Aviation Education Center Individual Registration Form

<u>Program Name:</u>	<u>Course Date:</u>	<u>Fee \$</u>
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**Payment Amount Enclosed:** (no partial payments) **CK#/CC Confirmation:** \_\_\_\_\_ **Total \$** \_\_\_\_\_

All forms of payment accepted. If payment is by credit card, please pay in person at the education office or call (478)222-7580 to make a payment by phone.

**Workshop OR STEM Lab Payment Policy:** FULL payment due with registration form. **Summer Camp Payment Policy:** 50% deposit due upon registration.

All June camps paid in full by June 1<sup>st</sup>, All July camps paid in full by July 1<sup>st</sup>. **Please make all checks payable to MOA Foundation and mail to ATTN: V. Myers PO Box 2469 Warner Robins, GA 31099.** See [Handbook/Guidelines](#) online for cancellation policy.

Name of Student \_\_\_\_\_ DOB: \_\_\_\_\_ M/F: \_\_\_\_\_

Grade Level (for summer camps, register for grade entering in the fall): \_\_\_\_\_ Military Dependent? Yes or No (circle one)

Name of Parent/Legal Guardian \_\_\_\_\_

Phone: (c) \_\_\_\_\_ (w) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ County of Residence: \_\_\_\_\_

## **Emergency Contact List (other than parents)/Authorized Pick-Up List**

List individuals you give permission to pick-up your child. Your child will not be released to anyone not listed below.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ **(Initial)** I give Permission for my child to be photographed. I understand the photographs are the property of the Museum of Aviation and may be used in any manner including but not limited to promotional (Media, Flyers, Banners, etc.) related material to the Museum of Aviation.

## **Medical Information**

Please state any **health information or allergies** we may need to know. If your child has special needs, please let us know. We want to help our staff be prepared for the needs of your child. Food items are sometimes used during our programs. Please use additional paper if needed.

\_\_\_\_\_

\_\_\_\_\_

List Present Medications: \_\_\_\_\_

Should your child be restricted from any activity? If so, please explain: \_\_\_\_\_

## **RELEASE AND WAIVER OF LIABILITY**

\_\_\_\_\_ **Initial** In the event my child suffers any illness or accident requiring emergency treatment while involved in any Museum of Aviation activity, I hereby give permission for any necessary hospitalization, medication, or surgery on recommendation of medical personnel, in which case all such expenses shall be paid by me. In the event of sickness or accident, I waive all claims against Museum of Aviation, its members, officers, agents, employees and volunteers that may arise from participation in the activities of the Museum of Aviation.

The undersigned hereby acknowledges that they have read, understand and agree to all documents related to The Museum of Aviation programs, including the [Handbook/Guidelines and Discipline Policy](#). A copy of our Handbook/Guidelines and Discipline Policy can be found on our website. The undersigned hereby waives all claims against the Museum of Aviation and its employees or volunteer workers for injury, accident or illness occurring by reason of participation in Museum of Aviation Programs.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

Return this Registration Form to: **Museum of Aviation Education Center Attn: V. Myers P.O. Box 2469 Warner Robins, Georgia 31099.**

For assistance, please call Valerie Myers 478-222-7580 or Candi James 478-926-5558.

[vgill@museumofaviation.org](mailto:vgill@museumofaviation.org) [cjames@museumofaviation.org](mailto:cjames@museumofaviation.org)