



Enrollment Form

We appreciate your inquiry and hope to be part of your child's summer activities.

Each year our summer programs continue to evolve and improve. This year we are offering several new programs! The specified session dates are listed on the last sheet of this packet. Additional information is also available on our website at: www.WorcesterRegionalFlightAcademy.com/YouthPrograms.html

REGISTRATION

Attached is a registration form. Return the completed forms with deposit **as soon as possible**. Discovery weekends are limited in size; therefore, registration of applicants will be processed on a **first-come, first-severed basis**. July and August sessions still accepting registration. June is closed.

PAYMENT

A **\$65 non-refundable registration deposit** is due when returning the registration forms. The remaining tuition balance is due two weeks before the session start date, or if registration occurs within fourteen (14) days, the full balance must be paid upon registration.

CANCELLATIONS/REFUNDS

Request for cancellation must be received in writing. **No refunds will be granted if cancellation requests are not received 14 days prior to the session start date.** Please allow approximately 30 days for refunds to be processed.

DISCOVERY SESSION VIABILITY

Just as each session has a maximum number of students that may be admitted, there also exists a minimum number to justify running a session. **If we do not have enough students two weeks prior to the session start date, we will cancel that session.** Should this occur, we would contact each registrant and offer a session that most closely meets your needs. If we are forced to cancel a session and you are unable to reschedule for a later session, you will be fully refunded the amount paid to date.

ADDITIONAL INFORMATION

Sessions will be conducted at The Worcester Regional Flight Academy, located at the Worcester Regional Airport, 375 Airport Drive, Worcester, MA 01602. **Check-in times** for all sessions will begin no earlier than 8:30 a.m. Students must be picked up promptly at the end of day as there is no aftercare available.

Should you require any additional information, or have any questions, please call (774) 287 4180. Please send your registration and remittance to:

The Worcester Regional Flight Academy
Swissport | Building 12
375 Airport Drive
Worcester, MA 01602

I. STUDENT INFORMATION

Student's Name: _____
(Last) *(First)* *(M.I.)*

Address: _____
(Number & Street) *(Apt. #)*

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Age: _____ Gender: Female / Male

Date of Birth: ____ / ____ / ____

Is the student a United States citizen? _____

Ethnicity (optional): African American | Hispanic | Native American | Caucasian
Asian | Pacific Islander | Other (Specify) _____

II. ADDITIONAL DATA AND SPECIAL CONDITIONS

Grade (next year): _____ School Name: _____

Has the student participated previously in another aviation discovery program? NO / YES

Has the student ever flown in an aircraft prior to attending this one? NO / YES

1. any known health problems (such as allergies, diabetes, heart trouble, epilepsy or asthma, etc...)

2. any invisible disabilities, such as dyslexia, or any special learning needs

3. any physical activity restrictions

4. any food restrictions

5. any religious restrictions impacting emergencies or health care situations

6. any other special accommodations needed

7. any medications which must be administered

III. IN CASE OF EMERGENCY (PLEASE CHOOSE ONE AND SIGN)

Consent **is granted** to the staff of Allen Aviation LLC to provide medical services through the appropriate medical facilities and/or medical services to

(Student Name): _____, throughout my child's participation during the Discovery Weekend.

(Signature of Parent or Guardian) (Date)

OR Consent **is not granted** to the staff of Allen Aviation LLC to provide medical services through the appropriate medical facilities and/or medical services to

(Student Name): _____, throughout my child's participation during the Discovery Weekend.

(Signature of Parent or Guardian) (Date)

Emergency contact (**other than parent**):

(Last) (First) (Relationship to Student)

Home Telephone: _____ Daytime/Cell Phone: _____

IV. PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name(s): _____
(Last) (First) (M.I.)

Daytime Phone: _____ E-mail: _____

Cellular Phone: _____ (Mom/Dad)

I, _____ (Parent/Guardian), do hereby agree:

- (1) **Hold Harmless:** to release and discharge Allen Aviation LLC, the Civil Air Patrol, and the Worcester Regional Airport, their contractors, board members, administrators and agents from any and all claims, present and future, known and unknown, due to, or arising from, in any manner of my daughter's/son's participation in the program and/or related activities sponsored by the Aviation Discovery Weekend.
- (2) **Activities and Safety:** that my child/ward has permission to participate in the activities and trips during the session(s) and program(s) for which he/she is enrolled. This may include rocketry, flying aircraft, or transportation to airport facilities. I understand that session activities have inherent risks, and that reasonable measures will be taken to safeguard the health and safety of all participants.
- (3) **Preparation and Code of Conduct:** that I will assure my child is properly prepared for all activities including having proper clothes and equipment, being in good health, and willing and able to abide by the policies set out by Allen Aviation LLC and the Worcester Regional Airport. I recognize that

students must follow safety instructions, remain in areas designated by staff and airport security, and refrain from behavior that is harmful to themselves and others. Failure to adhere to established policies will be cause for dismissal without refund of the Aviation Discovery Weekend fee.

- (4) **Photo/Video Release:** In the event my child is photographed, filmed or recorded while participating in the weekend activities, Allen Aviation LLC may use the photo, film, or recording for publicity, promotional, or instructional purposes.
- (5) **Medical Emergency:** I understand that I will be notified, as soon as possible, in case of any emergency affecting my child, or if my child is not well or is unable to function in the activities. I give permission for the personnel selected by Allen Aviation LLC to provide appropriate routine and emergency care of my child and any dispensing of medications and/or transport necessary for that care if I have checked and signed the appropriately corresponding box in Section III of this application. In such case of medical emergency, after every reasonable effort has been made to contact me or the emergency contacts listed on this form: I hereby give permission to act in accordance with my choice of medical treatment or non-treatment specified in Section III of this application. If I have elected for my child to receive medical attention, I hereby give the medical provider selected by Allen Aviation LLC permission to secure and administer treatment, including hospitalization, for the child named above, and agree to have the session director arrange necessary related transportation for my child, and agree to be responsible for expenses incurred in these measures.

I understand the above statements and have completed this form to the best of my knowledge.

Parent/Guardian: _____
(Please Print Name)

(Signature) (Date)

V. AVIATION DISCOVERY WEEKEND | SESSION DATES, PAYMENT AND APPLICATION PROCESS:

July 23 - 24, 2011 → **Cost: \$250**

August 20 - 21, 2011 → **Cost: \$250**

Applications must be received at least seven (7) days prior to the desired session start date. A **\$65 non-refundable registration deposit** is required with this application to secure a place. The remaining balance must be paid-in-full **fourteen (14) days prior** to the session start date. If registration is made within the fourteen days, the full amount must be paid upon registration.

Make checks payable to Allen Aviation LLC and write name of student and session date on check. Credit cards are accepted (Visa/MC/no debit cards). Credit card information must include: name of student, name on card, card number, card expiration date, and card billing zip code. (see below)

Credit Card Information (please print clearly)

Visa / MC (circle one)

Name of Participant: _____

Name on Card: _____ Credit Card No.: _____

Expiration Date: _____ CVV: _____ Card Billing Zip Code: _____