



Student's Name: \_\_\_\_\_

**Parents / Guardian Information**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell / Other # \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact (other than parent or guardian)**

Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell / Other # \_\_\_\_\_

**Student's Medical History**

Does the student have any health concerns/allergies that we need to be aware of? Yes  No

If yes, please explain: \_\_\_\_\_

Does the student have any dietary needs / food allergies that we need to be aware of? \_\_\_\_\_

**Chaperoning**

If you are interested in chaperoning for the overnight trip with the kids, please indicate here:

The undersigned ("Participant") hereby acknowledges that he/she has voluntarily chosen to participate in the summer aviation camp sponsored by the Organization of Black Airline Pilots' ("OBAP"). Participant acknowledges and understands that the OBAP summer aviation camp will involve strenuous physical activity that could potentially be dangerous or harmful. Participant has chosen to participate in the camp voluntarily, with the full knowledge of this potential danger and harm. By signing this document, Participant represents and warrants that he/she does not have any physical condition which could be aggravated or worsened by strenuous physical activity or stress. In consideration of OBAP permitting Participant to participate in this summer aviation camp, Participant waives all claims, demands, actions, causes of action, and liabilities of any kind or nature, whether based in law or in equity, against OBAP, including without limitation, its parent and its successors, subsidiaries and affiliates ("Affiliated Companies") arising out of or in any way related to the OBAP summer aviation camp or Participant's participation in the event, including without limitation claims for physical or other personal injury ("Claims"). Participant releases OBAP and its Affiliated Companies from such Claims, regardless of when such Claims arise or when Participant discovers any injury or damage that does or may give rise to such Claims.

I hereby give consent for my child to participate in the 2009 OBAP Summer Aviation Camp and travel on all field trips.

\_\_\_\_\_  
Mother / Guardian's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father / Guardian's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**\*All applications must be returned to Shawnee High School no later than April 1st, 2009 (address found on the right)**

Shawnee High School  
Attn: Will Vandermeer  
4018 West Market St.  
Louisville, KY 40212  
502-485-8326