

Organization of Black Airline Pilots (OBAP)

2009 Oklahoma AVIATION CAREER EDUCATION (ACE) ACADEMY

Student Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (_____) _____ Student's Grade Level _____
Students School _____
Student's Current GPA: _____ Male / Female
Have you attended this program before? Yes / No
If yes, How many years? _____ Student's shirt size _____
How did the student find out about the academy? _____

Parents / Guardian Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home # _____ Work # _____ Other _____

Emergency Contact (other than parent or guardian)

Name: _____ Relationship to student: _____
Phone: (_____) _____ Other # _____

Student's Medical History

Does the student have any health concerns/allergies that we need to be aware?

Yes / No

If yes, please explain: _____

Does the student have any dietary needs that we need to be aware? _____

OBAP Waiver Form

Student's Name: _____

The undersigned ("Participant") hereby acknowledges that he/she has voluntarily chosen to participate in the summer aviation academy sponsored by the Organization of Black Airline Pilots' (OBAP). Participant acknowledges and understands that the OBAP summer aviation academy will involve activity that could potentially be dangerous or harmful. Participant has chosen to participate in the academy 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 physical activity or stress. In consideration of OBAP permitting Participant to participate in this summer aviation academy, 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 academy 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 OBAP Aviation Career Education (ACE) Academy and travel on all field trips.

Parent / Guardian's Signature / Print Name / Date

