



PEARSON AIR MUSEUM'S CAPTAIN AL COUPE AVIATION SUMMER CAMPS

Ages 9-14 – July 15-19, 2008 – OR – July 29-Aug 2, 2008
Tuesday – Saturday, 9am - 4pm

REGISTRATION FORM

(FILL OUT COMPLETELY - PLEASE PRINT – PAYMENT MUST ACCOMPANY REGISTRATION)

Name _____

Age _____ Student's grade (September 2008) _____ Preferred Week of Camp _____

Address _____ Telephone (____) _____

Childs T-Shirt Size _____

Does your child take any prescription drugs? _____

If yes, please specify which drug and why. _____

Please mail registration and payment to:
Pearson Air Museum
1115 E 5th Street
Vancouver WA 98661
Telephone: (360) 694-7026

Is your child handicapped or under the care of a physician for any ailment? If yes, please explain:

Please note that while campers are required to bring their own lunch, there may occasionally be snacks served. If your child has any allergies or special dietary needs, please provide an alternate snack.

Parent/Guardian Name _____

Telephone (____) _____ Alternate Telephone (____) _____

Emergency Contact _____

Telephone (____) _____ Alternate Telephone (____) _____

Parents/guardians: Please explain to your child that they will be flying for approximately 20 minutes in a small airplane. This is an exceptionally safe operation. If they exhibit any apprehension, they will not be required to fly.

As the parent/guardian of the above named child, I give my permission to participate in the Captain Alan Coupe Aviation Summer Camp. I release from liability of whatever nature the Pearson Air Museum, its employees, volunteers, agents and anyone assisting at the aviation summer camp throughout the entire camp period, and I authorize the Museum to transport my child in an aircraft for the purpose of familiarization and introduction to flight and to transport my child in an automobile to the various venues associated with the summer camp.

Parent/Guardian Signature

Date

Revised: 2/4/08