

The Young Airmans Association Scholarship

Summer Camp Registration Form July 6,2020 - August 14, 2020

Youth Aviator Name	DOR/
(Print First,La	st)
Aviator age*check one Male() Femo	ale() Phone#()
Address	
City State	Zip
Shirt Size *Choose one (Youth) S M L X	L /(Adult) S M L XL XXL
Parent/Legal G	uardian Information
Relationship	(Please Print First, Last) *check (_) if same as above
Parent/Legal Guardian Name	se Print First, Last)
Relationship	36 11 MH 11 31, LU31)
Address	*check(_) if same as above
City State	Zip
Phone # ()	

Does your child have any allergies? *check one	e yes () no () if yes please list below
Does your child need to take any medication do	uring camp?*check one yes () no () if yes
please list and explain below.	
	
Emerg	gency Contact
Please list below any person (other than parent contacted to pick up your child in case of a me guardian cannot be reached.	t/guardian) that is authorized and should be dical emergency or emergency pick-up if parent or
Name	Relationship
Phone # ()	
Name	Relationship
Phone # ()	
Name	Relationship
Phone # ()	

Sponsor Information (if applicable) Please Print

Name of Sponsor		
·	(Organization, School, Business, Church, etc.)	
Address of Sponsor		
Name of contact person _	(Print First, Last)	
Contact # ()	Contact # ()	
Name of Sponsor	(Organization, School, Business, Church, etc.)	
Address of Sponsor		
Name of contact person _	(Print First, Last)	
Contact # ()	Contact # ()	
Name of Sponsor	(Organization, School, Business, Church, etc.)	
Address of Sponsor		
Name of contact person _	(Print First, Last)	
Contact # ()		