



Community Connection Services Summer Flight Academy

3903 Dr. Martin Luther King Jr Blvd, Fort Myers FL 33916

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www.ccsifl.org

FULL NAME:		
CAREER GOAL:		
SCHOOL:		
GRADE:	GPA:	
HOME ADDRESS:		
CITY:	STATE:	ZIP:
HOME PHONE:	ALT PHONE:	
PROGRAM PARTICIPATION:		DEPOSIT FEE: \$100
INTERESTS: PILOT _____ MECHANICS ____ AIR TRAFFIC CONTROL _ AIPLANE DESIGN _____ ENGINEER _____ FLIGHT INSTRUCTOR ____ COMMERCIAL PILOT ____ MILITARY SERVICE _____		
MEDICAL PROBLEMS:		

THIS REQUEST IS ACCEPTED WITH THE UNDERSTANDING THAT PARAGON FLIGHT SCHOOL, THE CITY OF FORT MYERS, LEE COUNTY, THE FORT MYERS POLICE DEPARTMENT, THE FORT MYERS POLICE ATHLETIC LEAGUE, COMMUNITY CONNECTION SERVICES, INC., ITS AGENTS OR ITS EMPLOYEES WILL NOT BE LIABLE FOR INJURY SUSTAINED IN TRANSIT TO OR FROM ANY SPONSORED FUNCTION, OR AS A RESULT OF PARTICIPATION IN ANY ACTIVITY. THE INABILITY TO CONFORM TO THE RULES AND REGULATIONS OF CCSI ON ANY PART OF THE MEMBER WILL RESULT IN THE NOTIFICATION OF THE FRACTION TO THE PARENT OR GUARDIAN. CCSI RESERVES THE RIGHT TO DISMISS ANY MEMBER FOR JUST CAUSE.

Print Parent / Guardian Name

Parent / Guardian Signature

Date

IN CASE OF AN EMERGENCY, IF UNABLE TO BE CONTACTED, I AUTHORIZE THE COMMUNITY CONNECTION SERVICES, INC. TO AUTHORIZE EMERGENCY FOR THE CHILD LISTED ON THIS APPLICATION.

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT ADDRESS: _____

EMERGENCY CONTACT PHONE NUMBER: _____

CELL: _____

Parent / Guardian Signature _____