



Summer Flight Adventures - Summer Camp August Program 2024

On behalf of the staff at Global Flight Adventures Center, we are happy to welcome you to Summer Camp program!

Please complete the following information - Please print fill and sent it via e-mail:
ops@globalflightadventures.com

Student's Name: _____ Gender: M/F Grade: _____

Student's Date of Birth: ____/____/____

Name of Parent(s) / Guardian(s): _____

Mailing Address: _____ State _____

Zip code _____

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

E Mail: _____

Note: If any of the above information changes, please notify the office immediately.

Global Flight Adventures
609 Neponset St., Suite 2
Canton, MA 02021

Phone: (781) 562 1096
Email:
ops@globalflightadventures.com
www.globalflightadventures.com



Emergency Contact Information

List two emergency contacts other than those listed in previous page:

1.

Name/ Relationship /Home Phone/ Work Phone

2.

Name/ Relationship /Home Phone/ Work Phone

Medical Problems/Allergies: No / Yes (please explain)

Health Insurance Company _____

Policy # _____



Program Schedule & Detail

- Age: 12-15
- Program start: 08/05/24
- Program end: 08/16/24
- Program runs Monday through Friday
- Start time: 10:00 AM. End time 14:00 PM
- The cost for the program - **\$1,350**.
- A deposit of \$850 is required to secure your spot for this program.
- Session - 2 Weeks **(net: 10 days)**
- **Pack a lunch and water for your child.**
- Location - 609 Neponset St., Suite 2, Canton MA 02021

Hold Harmless Release

I hereby waive, release, absolve, indemnify, and agree to hold harmless the Global Flight Adventures LLC, its directors, organizers, sponsors, supervisory staff, participants, and any other affiliates; for, from, and against all liability because of any bodily injury, or property damage, known or unknown, which may occur or result from the participation of the above named child in any and all activities whether the result of negligence or for any other cause of the Global Flight Adventures LLC. I individually, and as a parent/guardian for my child, have read this release and understood all the terms. I execute it voluntarily and with full knowledge of its significance.

Name of Student _____ Date _____

Name of Parent/Legal Guardian _____

Signature of Parent/Legal Guardian _____

Code of Conduct

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Positive attitudes keep the summer camp Program fun. Below are some guidelines participants are expected to follow:

- Respect yourself and the Global Flight Adventures LLC A staff
- Applaud the efforts of others
- Avoid inappropriate language
- Eat and drink in designated areas
- Say only good things about others
- Follow the instructions of the global Flight Adventures LLC A staff
- Resolve disagreements in a positive way
- Running is not allowed inside the facility
- Be respectful of other members and their property
- Tobacco, drugs, alcohol, and weapons are prohibited
- Take care of the Global Flight Adventures LLC facility, grounds, and equipment

Child's Signature

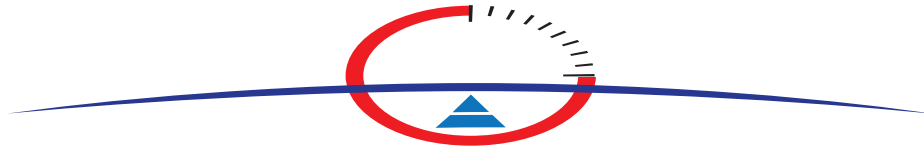
Date

Authorization to Produce and Use Audiovisual Materials

I hereby voluntary and without compensation authorize the Global Flight Adventures LLC

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to produce photographs, movies, videotapes, audio-tapes, and Power Point Presentations of the below named student. This authorization is given on the condition that the materials taken or produced will be used for the purpose of community education or program promotion. I understand Global Flight Adventures LLC and its employees will not use these materials for compensation.

I understand that this grant of permission shall only be revoked by a written instrument delivered to the Executive Director of the Global Flight Adventures LLC. This consent shall remain in effect, unless revoked.

Parent/Guardian Signature: _____ Date: _____

Check-Out Authorization Form

Student's Name:

The following individuals are authorized to check-out the above named student from all Global Flight Adventures LLC activities. _____

Parent/Guardian Signature: _____ Date: _____