



YOUTH ACTIVITY CONSENT FORM

VOF Program Consent Form

Name of Youth/Participant: _____

Age: _____ D.O.B.: _____

Parent(s)/Guardian(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian info: Home Phone: _____ Work Phone: _____

Cell: _____ Email: _____

Emergency Contact Name: _____

Contact Number(s): _____

Known Allergies and/or Food Intolerance: _____

I, the undersigned, being the parent/legal guardian of the youth named above, do hereby consent to the participation of my child in all the scheduled youth activities with Vision of Flight, Inc. and any other supervised activities customarily associated with its youth events, including but not limited to the following (please initial): **Photos/Video** utilized for promoting youth involvement in Aviation/Aerospace through the Vision of Flight programs. (Initial) _____

If I wish to revoke this consent for any reason, I will promptly notify Vision of Flight, Inc. in writing.

For those participating in the flight experience portion of the Aviation Awareness Program, the parent or guardian will fill out a separate consent form that will be in enrollment message.

Email: online@visionofflight.org

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____ Date _____