

Chapter 534 Youth Aviation Program Application

Date: _____

Youth name: _____

Nickname: _____ Interests: _____

Child's date of birth: _____

Grade in school: _____

Address: _____

City: _____

State: _____ Zip: _____

Home phone: () ____ - _____

Cell phone: () ____ - _____

Student E-mail _____

Parent/ guardian Email _____ Emergency phone: _____

Any medical or physical limitations?

Any food allergies?

Parents/Guardians will be required to:

- Enroll the child in the EAA National student membership
- PR photo release form
- Complete the tool & machinery release form

EAA use:
membership #

EAA Chapter 534 Youth Permission Form

Photographic, Videotape and Audio Recording Release

Child's Name: _____

Consent and authorization is granted to EAA Chapter 534, its successors, legal representatives and assigns, to use and reproduce:

- **Yes** **No** *My child's name*
- **Yes** **No** *Photograph(s)*
- **Yes** **No** *Motion picture film*
- **Yes** **No** *VTR digital image*
- **Yes** **No** *Recording of my child's voice*

These taken by EAA Chapter 534 or its assigned agent and to circulate the same for any and all purposes including PR, publication, fund raising and advertising of every description including Internet use.

I understand that at no time will photos, interviews or films of my child be used in a way slanderous or detrimental to his or her character.

Tool Use Permission Slip

This activity includes the use of hand tools and small power tools. Before they can do so EAA 534 staff will provide appropriate training on the safe use of these tools. Please sign and date this form allowing your child to use these tools.

Parent/Guardian (printed name)

Parent/Guardian (Signature)

Date