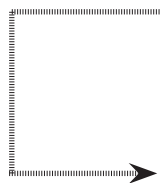


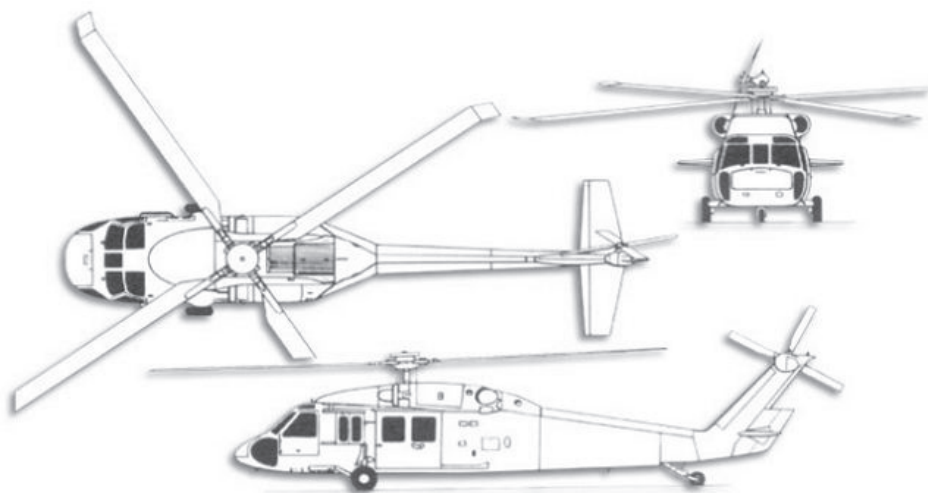
**2015**

**WESLEYAN CHRISTIAN ACADEMY SUMMER**



# ***FLIGHT CAMP***

Anything that flies is fair game for this camp. Rockets, "helicopters", kites, airplanes and more. We may even break out our remote controlled flying sharks and guide them around the halls. Soar up, up and away in a week of cool aviation fun.



**Dates:** June 22-26, 2015  
**Times:** 1pm-4pm  
**Grades:** Rising 2nd-5th  
**Cost:** \$129.00  
**Scientist:** Joel Steindel



**REGISTER  
TODAY!!!**

# FLIGHT CAMP REGISTRATION FORM

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

School Name: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

City / ST / ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mom's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_

Policy No.: \_\_\_\_\_

Medical Restrictions? Yes: \_\_\_\_\_ (please attach explanation) No: \_\_\_\_\_

**Amount Enclosed: \$** \_\_\_\_\_ **(\$129.00 Make check payable to WCA.)**

*As parent/guardian of the above camper, I certify that he/she is in excellent health and has no physical, mental or emotional problems which are likely to prevent participation in camp. I agree to hold harmless Wesleyan Christian Academy and its agents, employees, counselors and volunteers. I hereby release them from any liability on account of injuries sustained by camper while participating in camp activities. I give permission for camper to be medically treated for illness occurring or injury sustained during such participation and certify that he/she is covered by medical insurance which will reimburse the Wesleyan Christian Academy for medical treatment ordered at their discretion and also to indemnify them for any expenses not reimbursed by such insurance.*

I have read the above. (Signature of Parent / Guardian)

(Date)