



Name: \_\_\_\_\_ Session: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

School Attending: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

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

Mobile/Day Phone: \_\_\_\_\_

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

Allergies: \_\_\_\_\_

***Please check all that you have read them and will support:***

**I understand that my child MUST attend all classes to complete this program.**

**I understand that my child has received a scholarship for this program, and is required to complete the program.**

**I understand all classes will be held at the Spartanburg Downtown Airport on weekends.**

**I have signed all of the insurance documents required for this program.**

I hereby give approval for my child to participate in Spartanburg Community Aviation Program activities and release the Spartanburg Science Center and personnel from any responsibilities for accident or injury resulting from any negligent act of the above child. I am also allowing for the child to be photographed and used in Science Center materials.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Student to provide a 250-500 word description of why they want to be a part of the SCAP program. Email the completed form and description to [mlevens@spartaburgsciencecenter.org](mailto:mlevens@spartaburgsciencecenter.org).