

2010 Future Flight Hawaii Program Enrollment Form

Please print legibly or type. Incomplete applications cannot be processed and will be returned.

Program

Selection	Session	Program	Dates	Tuition	Grade Level
X	2010F	Family Exploration (Honolulu)	June 12-13, 2010, Sat-Sun	\$275	2-5

Student's Last Name	First	Grade (as of Jan 1, 2010)				2	3	4	5
Mailing Address						Sex: <i>Male Female</i> Age: 7 8 9 10 11			
City		State	Zip Code		Home phone number ()				
Student T shirt size: Adult:		Adult X Large	Adult Large	Adult Medium	Adult Small				
<i>check one</i> Child:		Child Large	Child Medium						

Parent's email address if available	School currently attending
Father's Name	Business Phone ()
Mother's Name	Business Phone ()
Cell phone number if available	

OAHU FAMILY PROGRAM: Name of Accompanying Adult		
Relationship of adult to child	father mother	Sex: <i>Male Female</i> Adult T shirt size: XL L M S

ACCIDENT, MEDICAL, AND MEDIA RELEASE

We, _____ (names of parents or guardians), parents of _____ (name of student), who is attending the *Future Flight Hawaii* s Family Exploration session, release all officers/directors/staff members and teachers of *Future Flight Hawaii*, Hawaii Space Grant Consortium, the University of Hawaii at Manoa, and all other sponsoring agencies and/or organizations of any claim for damages, liability, injury, expense, or loss on account of any negligence or other wrong doing that may occur while our child is attending *Future Flight Hawaii*. We also agree to indemnify and hold harmless those persons of the above stated organizations on any claim arising out the *Future Flight Hawaii* activities under this agreement. In case of accident or need for medical attention, we give permission to the *Future Flight Hawaii* manager, director or other staff members to take our child, _____ (name), to a doctor, dentist and/or emergency medical facility. It is understood that the cost for treatment will be borne by the parent or guardian.

We also hereby give permission to the *Future Flight Hawaii*, Hawaii Space Grant Consortium, to film, tape, or otherwise record our child's name, voice, and/or person. We understand that these recordings of our child may include news releases to include photographs about *Future Flight Hawaii* and other media releases to publicize *Future Flight Hawaii*, and open-circuit (broadcast), closed-circuit, and/or cable television transmission within or outside of the State of Hawaii in perpetuity. We also understand that there will be no financial or other remuneration for recording our child, either for initial or subsequent transmission or playback. The Hawaii Space Grant Consortium, University of Hawaii at Manoa, may also use our child's name, likeness, and/or bibliographical identification for publicizing and promoting the use of these recordings.

Further, we have read and understand the refund policy and enrollment information and policy stated in the *Future Flight Hawaii* materials.

FATHER'S OR LEGAL GUARDIAN'S SIGNATURE

DATE

MOTHER'S OR LEGAL GUARDIAN'S SIGNATURE

DATE

Note: both parents or legal guardians listed on form must sign.

Payment: tuition must be paid in full and mailed with a completed enrollment form. Make personal check, money order, or cashier's check payable to RCUH (Research Corporation of the University of Hawaii) and mail to: Future Flight Hawaii, P.O. Box 6412, Hilo, HI 96720.

Received on _____	Check no. _____	Date _____	Total Enclosed _____
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